	. MAK	LAND STATE DEP	AKIMENI OF	HEALIN	
DIVISION OF	STATISTICAL RESEA	ARCH AND RECORDS, 3	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
	8705	CERTIFICATE	OF DEATH		08699

1.	PLACE OF DEATH				2. USUAL RESIDEN	VCE (Where dec			nce before edmission)
	Anne Arı	indel		MARYLAND	Maryland		b. COUNT	oline	
	b. CITY OR TOWN (i	f outside corporate limi give nearest town)	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN				neerest town)
_	Crownsv			2 mos. 2 days	Ridgley			00	X IS STEEDENIES
	d. NAME OF HOSPIT	AL OR INSTITUTION	if not in ho	espitel, give streel eddress)	d. STREET ADDRESS	•			o. IS RESIDENCE ON A FARM?
	Crownsy	ille State	Hospi	tal	Route 1				YES X NO
3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Day	Year
	(Type or print)	T.c	uise		Acree	DEATH	8	2	0 1961
5.	SEX			ED NEVER MARRIED	. DATE OF BIRTH	9.		IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	Negro	WIDOW		July 20, 190	7	54 Yrs.	Months Days	Hours Min.
	a. USUAL OCCUPATI one during most of wo			KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co.	unty & Stete, or fo	oreign country)	12. CITIZEN	OF WHAT COUNTRY?
u	Domestic		,a)		Maryland			U.S	.A.
13	, FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
)	Samuel 1	Pinkett			Margar	ret ?			
	. WAS DECEASED EVE			. SOCIAL SECURITY NO. 17.	INFORMANT		Address		
(Y	es, no, or unkown) (If	iyesgive warordates of s		Inknown	Hospital Rec	cords			
=		EATH (Enter only one		line for (a), (b), and (c).]				LIN	ITERVAL BETWEEN
	The state of the s	H WAS CAUSED BY:	•			7.		0	NSET AND DEATH
		IMMEDIATE CAUSE (a)	Art	eriosclerotic (Cardiovascul	ar Disea	se		
	A	DUE TO						49.4	
	Conditions, if eny	, which) (b)							
	gave rise to immedi								
	(a), steting the un	nderlying							
_	couse lost,) (c)	TIONE CO	NTRIBUTING TO DEATH BUT NO	OT BELATED TO THE TERM	INIAL DISEASE C	ONDITION GIV	EN IN DART 1(a)	10 WAS ALITOPSY
Ó	PARI II. OTHER	SIGNIFICANT CONDI	IIIONS CO	NIKIBUTING TO DEATH BUT NO	OF RELATED TO THE TERM	IIIAL DISEASE C	ONDITION GIV	LIV IIV PAKI 1(0)	PERFORMED?
CAT									YES NO
CERTIFICATION		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DE	SCRIBE HOW INJURY OCCURED). (Enler neture of injury in	n Pert I or Part II	of item 18.)		
AL	20c. TIME OF INJU	RY Month, Dey, Ye	ear 2Dd		ACE OF INJURY (Home, fa		or town)	(County)	(Slate)
MEDICAL	Hour e.m.		Whi	16 1401 44 11116	tory, street, office bldg., et	tc.)			
X		19			(137	12.54	0/20	4067	
	21. I certify t	hat (I) (this hospi	tal) atte	nded the deceased from.		- 1930, to	a/	, 199.4.,	that (I) (we) last
	saw the deceas	ed aliye on	3/.20	1961, and tha	death occured at.	1.2. M, from	the causes	and on the c	date stated above
	22a. SIGNATURE	11.			ATTENDING	MED.	STAFF		22b. DATE
		Muu	LIL	A	A.D. PHYS.	DIRECTOR E			8/21/61
	22c. PHYSICIAN'S	V	VVI		22d. ADDRESS				
	NAME (Type)	L. Be	enedic	ct, M. D.	Crownsvi	ille Sta	te Hosp	ital. Ma	ryland
-	Be BURIAL, CREMATI	ON 1 221-0 ATE THE	REOF -	23c. NAME OF CEMETERY		0	TION City, tow		(State)
2.	REMOVAL (Specify)	1/1/11/19	1/1	1 Ana =		1/01	1/00		rnd
1	filler ,	Milled	10/0	Mung	70vs		AD JOSE ST	SISTRAR'S SIGNA	ATIONS OF
2	FUNERAL DIRECTOR	S SIGNATURE	1	DODRESS		EC'D BY REGISTE		arthur S.	
	1.1.0	4001100	4 D	Son Will	VA MANTE	NUG 2 4	'61	Cirthun S.	TUANE
=	1 6	7		1	11/1				

STREET TO COLLEGE STREET STREET STREET STREET

In Denediot, E. L. . Oromaville Chite Monat Lat. - 1 .2 . to Donot . I

1	3		em 20 Fi ems 2082 Division	1m, 293 of STATI	STIC L RE	ARYLA	ND STAT	E DEP	ARTMEN	NT OF	HEALT STREET,		RE 1, MAR	YLAND	
FOR S	TATE			8705	MEDIC	AL E	XAMINE	R'S C	ERTIFIC	CATE	OF D	EATH	1	1870	n
Files. Health	DEPT.		PLACE OF DEA O. COUNTY A. A. CO b. CITY OR TOWN	unty N (if outside co	porete limits,	c. L	MARYLA	ND	Maryla	nd		b. COUN	institution: Rasida		admission)
I directo	M	1	8 Madiso	hde1 Ge	Annapo	olis, italial,	Md.		Annapo.	lis DDRESS		10		e. IS R	ESIDENCE A FARM?
ine State	dit.	₹.	Annapoli Name of DECEASED	s, Md.	First		Middle		8 Madi		. DATE	Montl	Da Da	YES Yee	NO
	9		(Type or print)		Anthony		S.		Adams		OF DEATH	8	17	7 19	61
s after death 1, 2, ge 5 ge 5	I Pours	10a do	Male . USUAL OCCUP na during most of	Wh:	ite WIE	OOWED [DIVORCED [7-14-61 BIRTHPLACE	E (Stete or		last birthday) yrs.	Months Days 1 12. CITIZEN	Hours	Min.
Pages M3. Pa	within 7	13.	FATHER'S NAME	one		r	n•ne	14.	Annap MOTHER'S MA				US	Α	
Give File P	ent v	15	John T	homas A		114 5001	AL SECURITY NO.	17 79197	Joyce	Pedd	dicord				
Jwith 18.	, e		is, no, or unkown)				AL SECURITY NO.			ams -	Father	Address	as # 2		
in Item	.E		18. CAUSE OF	DEATH [Ente			(e), (b), and (c).]						1 11	NTERVAL BET	
alon trans	and		PART I. DE.	IMMEDIATE	CAUSE (e)	Head	d injury		0.5						
in pe	oval		Conditions, if e	ny, which 7	DUE TO										
ate shonding"	or rem		gava risa to imme (e), stating the cause lest.		- DUE TO			169							
d "per Exami	ation	NOL		HER SIGNIFICAL	NT CONDITIONS	CONTRIBU	TING TO DEATH B	UT NOT RE	LATED TO THE	TERMINAL	DISEASE CO	NDITION GIV	EN IN PART 1(e)		UTOPSY ORMED?
This e wor	me d	CERTIFICATION	20a. EXTERNAL	CAUSE WAS	20b		in head							YES K	NO I
INER ing th	burial	_	PRIMARY TO OF CAUSE OF DEAT		DOLLA			nown Zd/b	// DD. T./ III rother/ of injury (Hom	nay/n ///hé/h	A E A K / 20f. (City o	AN FA	chi/wath,	大大大	1 Broth
N W	o to	MEDICAL	Hour e.m		7.16,	While N	of While et work	fectory,	street, office bld			polis	A.A.		(Stota)
AL E	t, prior						described abov				_			d in my o	pinion
TEDIC, the certification of th	age		death resulted	from: N	atural causes	^^	ccident X,	Suicide		DICAL EXA	MINER	termined m	anner		
ME TO T	pele	-	ACTUAL SIGNATURE_	11)11	- Uffer	*		A			L EXAMINER	X		DATE SIG	NED
d be	esign		EXAMINER'S NAME (Type)	W1114	and V T	owit+	, Jr., M.	n			AMINER [8-17-	61
ease cute should be for	its of	220	BURIAL, CREMAT REMOVAL (Speci	ION. 22b. D.	ATE THEREOF	22c.	NAME OF CEMETE	RY OR CRE	Address (S MATORY		d. LOCATIO	unty) N (Clty, town,	or country)	(Stet	•)
5 g 4 5	6	_	urial	Aug.	19,61		en Haven	Cemet	ery	District	len Bu	rnie.	Maryland		
VS. A15ME 5M 9/60	84	23. H	opping F	1/19	Home	-	olis. Md		DA		21 61	24b. REG	Mary land strand signa other S. Kr	TURE	
		2	063202	KV5											

CUT NO \$376F03 Well-E Hornson Place, Armsonlis, Md. Telepholic men lapaget parts envis contract 7-21-65 mili, . . p. • 1 . Harten Could be deep deep the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 08701

1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where decaesed lived, If institution, Residence bafora admission)
Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	X
Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
1-4	ON A FARM?
Anne Arundel General	YES NO L
3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Year OF
(Type or print) Richard Bradley	Alvey &c. DEATH August 26 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH // 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Jan. 16, 1890 Past birthday Months Days Hours Min.
10a. USUAL OCCUPATION (Give hind of work done during most of working life even if retired)	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	U. U. Lo. Ma G. J.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Howerlon - Wey	Corenne Caro
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yas, no, or unkown) (Ifyas give wer or detas of service)	INFORMANT Address
	auline Steele (1)
18. CAUSE OF DEATH [Enter only one ceuse par lina for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND BEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Tromasharoe / 5 hours
A DUE TO	Toma Tanaga
The same of the sa	le atie toursetousies
Conditions, if eny, which geve rise to immediate cause	erogic nyjuvenius
(e), steting the underlying DUE TO	asserba disease 10 years
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
[3]	YES NO .
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 206. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING CAUSE OF DEATH U (IF ETHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter netura of injury in Pert I or Pert II of itam 18.)
	PLACE OF INJURY (Homa, farm, † 20f. (City or town) (County) (Stata)
Hour e.m. While No! While	factory, street, office bldg., etc.)
	m. Sec. 27, 1956, to Chego 26, 19.6/, that (1) (we) last
saw the deceased alive on auch 26,1961, and the	nat death occured at 3.3.2M, from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Sylven M. Dem	M.D. PHYS. DIRECTOR PHYS. 7
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Dr. Sylvia Lim	Mayo Rd. Edgewater, Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
Bury D 8-28-961 Mario Dr	remorial Mayo Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAN 256. REGISTRAR'S SIGNATURE
John M. Jayla sus anapa	DATE AUG 2 9 '64 Onthur & House

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a 4 may be retained by the hospital or attending physician.

AL DIRECTOR: Per this certificate has been signed by the attending physician and complete field in by the funeral age 3 should be denoted for use as the burial-transit permit. Then please remove the papers: Pages 1 and 2 should ied in by the funeral Pages 1 and 2 should ours after death. Health prior to burial, cremation, or removal, and in any even director, page 3 should be dery be filed with the State Dept. of TO HOSPITAL TO FULL TO FULL TO FULL

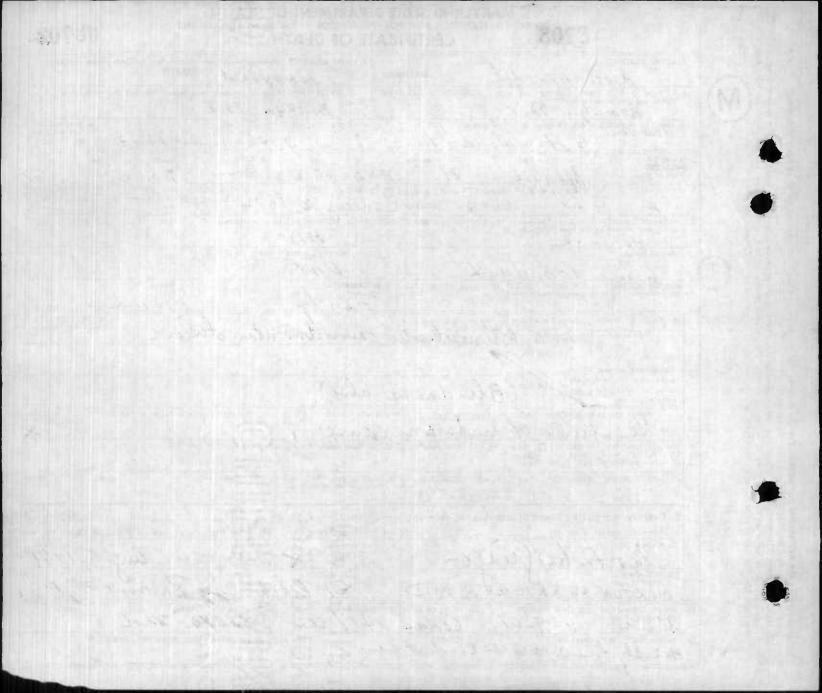
Tabuna sund Ame Armdel & Lioganna TOTEROUPS 3 mms. farmer of the corn Richard Alvey Oct. August 25 co Jan. 25, 1890 71 Male office FOR THE SAME OF BUILDING THE STATE OF THE ST Horse Text Cours Levinie Const Corecon de Mande Landon THE COUNTY OF THE PARTY OF THE the state of the s 12 35.2005 32 70.00 M. De. 120 M. Mayo Ed. Dogwater, Md. wil style .w Marie S-18 The man with The St. The terms of the wind the surprise that I will be a

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 8708 CERTIFICATE OF DEATH

(18702

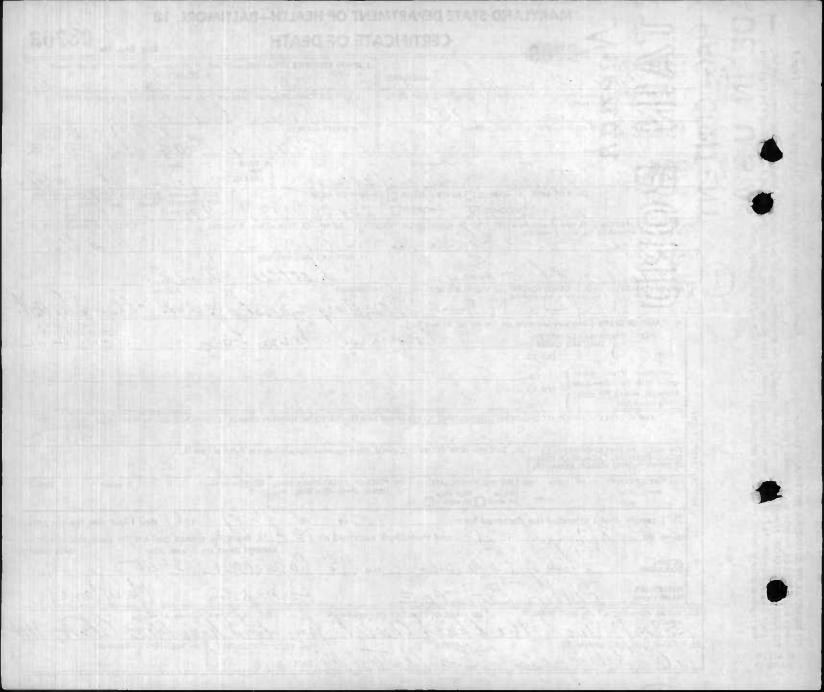
1. PLACE OF DEATH O. COUNTY Anne Arundal MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARY Land b. COUNTY Anne. Arunde
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BROOK Gran Park	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brocklyn Pork
d. NAME OF HOSPITAL (If nat in haspital, give street oddress) OR INSTITUTION 3 Ham monds hime	d. STREET ADDRESS d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print) Megg/E Megg/E A Megg/E A	Last 4. DATE Manth Day Year OF DEATH 5 ~ 5 — 19 C /
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Queg. 8, 1872 9. AGE (In yeors last birthday) 8 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDL during mast of working life, even if retired) Housewife	JSTRY 11. 6/RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Woodsech	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service)	FAMILY Same
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arterisclustic DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under- lying couse lost. (c) Blandness	carroloscular disease Interval Between ONSET AND DEATH
13 Hemeturia of whenin	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO.
	ED. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. Pl Hour a. m. 19 While of wark of wark	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
	M.D. ATTENDING MED. STAFF PHYS. Day 5, 1986NED 22d. ADDRESS 22d. ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C. Security 8-9-61 Cedar /	tell am Balto mol
He Cully Fusical Horas 30 E ADDRESS die	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE AUG 9 '61 Guilling & House



CERTIFICATE OF DEATH I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate Jimits, write RURAL and give nearest town) RURAL and give nearest town) 2 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO DE NAME OF Diddle First 4. DATE Lost Yeor DECEASED DEATH (Type or print) 19 6. COLOR OR RACE S. SEX 9. AGE (In years lost birthday) MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER VYEAR IF UNDER 24 HRS Months Dovs Hours WIDOWED N DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or Greign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Name ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m. 21. I certify that I attended the deceased from 1961, that I last saw the deceased alive an_ , and that death accurred at _M, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER oge 3 s 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR EREMATOR 224 LOCATION (City, town, or county) MOVAL Specif 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) arthur & Kraus 15M 10/57

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Set 4 may be retained by the hospital or attending physician.

TO FUL AL DIRECTOR: For this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be deathered for use as the burial-transit permit. Then please remove and pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

() 8704

1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before admission)
	Anne Arundel MARYLAND	Maryland Anne Arundel
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest lown)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
_	Annapolis	// Annapolis
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
A	nne Arundel General Hospital	/ 126 Conduit St. YES NO IN
3.	NAME OF First Middla DECEASED	Last 4. DATE Month Dey Yaar
	(Type or print) Doris C	BASIL OF DEATH August 22 19 61
5.		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	Female White WIDOWED DIVORCED	Aug. 20, 1912 last birthday) Months Deys Hours Min.
10a	B. USUAL OCCUPATION (Give kind of work page during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Tel Operator Message Center	Maryland U.S.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Edward R. Knadler	Nellie Phelps
15. (Y	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
		. Thomas R. Basil- Husband- same as # 2
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) Paraly tu'	ONSET AND DEATH
13	199 × DUE TO	
		estate maly need descare 4 moults
	3 And 1130 to tillingging contact	of and many many
	(e), stating the undarlying DUE TO	
-	couse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
ê	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
₹ S	rule chronico phlobele	YES NO XX
CERTIFICATION	20s. ACCIDENT WAS UNDERLYING ☐ 2Db. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter natura of injury in Part I or Part II of item 18.)
S		ACE OF INJURY (Homa, farm, † 2Df. (City or town) (County) (Stata)
MEDIC	Hour e.m. While Not While p.m. 19 at work et work	story, street, offica bldg., atc.)
	21. I certify that (I) (COCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCO	Aug. 19, 1961 to Aug. 21, 1961, that (I) (32) last
	saw the deceased alive onAug. 21, 19.61, and tha	t death occured atM, from the causes and on the date stated above.
	22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	borard thurch.	A.D. PHYS. DIRECTOR PHYS. PHYS.
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	Dr. Gerard Church	121 Cathedral St., Annapolis, Md.
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
1	Burial Aug. 25, 1961 St. Mary's Co	emetery Annapolis Md.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	topping Funeral Mome/ Annapolis, Md.	DATE AUG 25 '62 arthur . L. Krank
_		

20184 Table Sant Sant Sant State State - J- Val 989 - 2-1 and the street consers, some Cl2 15 1108 de. Coment. . neril- mero m - curant. with a state of the state of th M wallen and Indiana BE witting and and and the state of the state o THE RESIDENCE OF THE PARTY OF T . copping Puneral Monay's armap it. 1 d.

The law requires that the death certificate be executed within 24 hours after ed in by the funeral Pages 1 and 2 should thin 72 hours after death 06 papers omplete any event, this certificate has been signed by the attending physician red for use as the burial-transit permit. Then please remove ealth prior to burial, cremation, or removal, and it any ever the hospital or attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN:

death.

TO FUNE AL DIRECTOR.

director, page 3 should be depayed for use as the be filed with the State Dept. of Health prior to buris

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

()8705

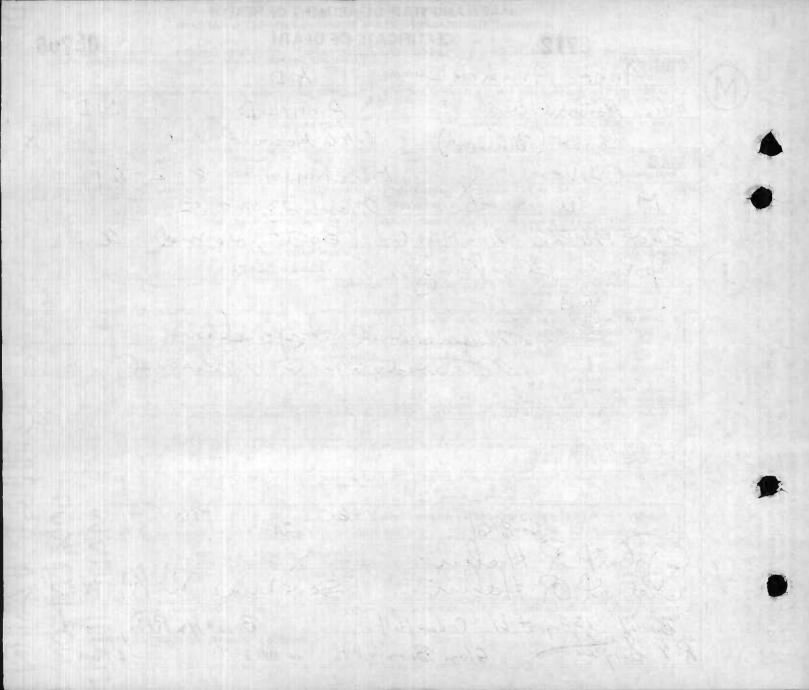
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Anne Arundel MARYLAND	a. STATE b. COUNTY
4	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	Annapolis 6 hours	Washington, D.C. 41x-3
2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass)	d. STREET ADDRESS e. IS RESIDENCE
2	Anna Anundal Cananal Hamital	1342 Girard Street N.W. YES NOT
	Anne Arundel General Hospital 3. Name of Picst Middle Middle	Last 4. DATE Month Day Year
	(Typa or print)	BAUER OF DEATH August 31 19 61
Н	5. SEX 6. COLOR OR RACE 7. MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Make White WIDOWED DIVORCED	7/11/07 last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	24
	dona during most of working life, even if retired)	
	Auto Parts Manager	Washington, D.C. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Ferdinand C. Bauer	Johannah Carsten
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyasgiva war or dates of service)	
	no 577-10-2003	Pauline Bauer same as #2
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
6	IMMEDIATE CAUSE (a) Massive retroperito	onear nemorrnage
	DUE TO	
i	Conditions, if any, which gave rise to immediate cause	aneurysm, arteriosclerotic.
H	(a), stating the underlying DUETO	
	causa last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	THE CONTRACTOR OF THE CONTRACT	YES X NO
	OR CONTRIBUTING CAUSE OF DEATH	. (Enter natura of injury in Part I or Part II of Itam 18.)
	(and	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	Hour a.m. P.m. Hour a.m. While Not Whila at work at work	
	21. I certify that (I) (NOKEXIONOLDI) attended the deceased from.	Mug 30 , 1961, to Clay 31 , 1961, that (1) trope) last
	the transport of the state of t	death occured 5
E	saw the deceased alive on	22b DATE
1	Mrsallandott Switt	ATTENDING MED. STAFF
	0,000	DIRECTOR PHYS. DIRECTOR PHYS. 22d. ADDRESS
	22c. PHYSICIAN'S NAME (Type) THE TO COME to	
9	NAME (1998) Willard F. Smith	Shadyside, Maryland
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	burial 9/2/61 George Wash	nington Cem. Prince Georges. Md.
	24 FUNERAL DIRECTOR'S SIGNATURE 2901 14 ADDRESST. N.	
	The S.H. Hines Co. Washington 9.	
	washing oon 7,	D . O . I

deline guild the the 80200 epigotofospikudan janya um Parkeekili Sandon un olikuwa uma mel They 30 5 28 (We 3) 61-32 08 20 00 crowed to Mithe AND STATE OF THE PARTY. Ittle .9 Mutte All the state of t

CERTIFICATE OF DEATH director, filed with after death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY D. STATE b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give pegrest tawn) should d. NAME OF HOSPITAL (If not in hospital d. STREET ADDRESS OR INSTITUTION within 24 haurs NAME OF 4. DATE Middle DECEASED (Type or print) DEATH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) WIDOWED DIVORCED [d 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (States or foreign country) pape puo pan 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL physicion .⊆ that the death certificate Linda Ebert remave 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending please CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the DUE TO by mit. Conditions, if any, which gned gove rise to immediate per DUE TO couse (a), stoting the underttending physician. lying cause last. has been si burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) ificate ine in (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. While Not while at work at work haspital After thi D. m for 21. I certify that (1) (this haspital) attended the deceased fram. [4] detoched saw the deceased alive an IRECTOR: 220. SIGNATURE ATTENDING MED. STAFF PHYS. pe M.D. 22 CPHY CIAN'S 22d. ADDRESS should FUNER 3 DATE THEREOF CREMATION, 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify 0 0 250. REC'D BY REGISTRAR VR A15 (4) AUG 3 DATE 1SM 9/59

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

e. IS RESIDENCE ON A FARM YES NO Month Day Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL SETWEEN ONSET AND DEATH PERFORMED? YES I NO I (County) (Stote) 19___, that (1) (we) last _19____, and that death accurred a A.M., from the causes and an the date stated abave 22b, DATE SIGNED 23d. LOCATION (City, town, or county) (Stote 256. REGISTRAR'S SIGNATURE Ciriling S. Krous



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUN AL DIRECTOR 4.

The law place of the complete state of the death of the state of the place of the

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (18707)

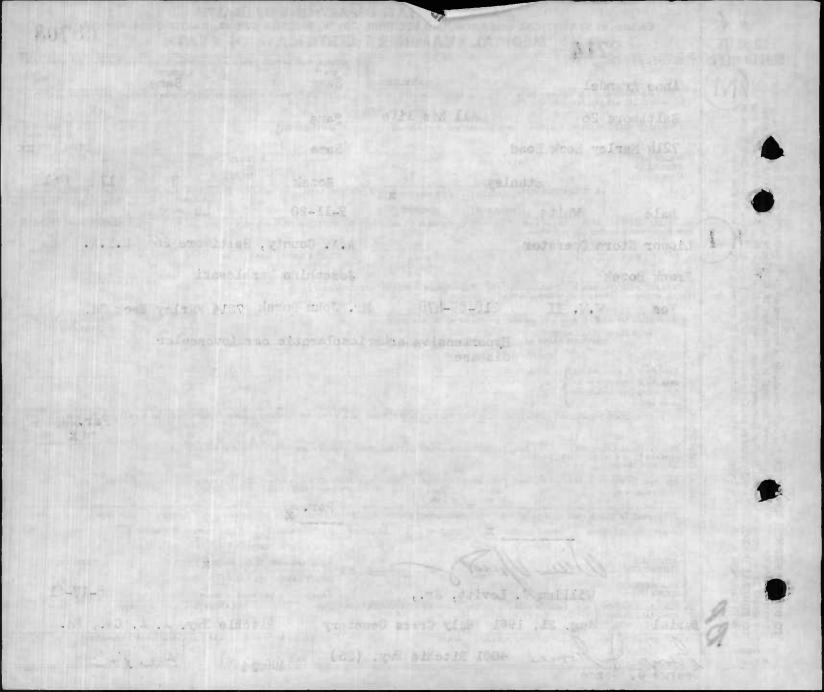
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOPITAL ORINSTITUTION (if not in hospital, give streat address) 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OF TACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 8. SIATE 6. COLOR OF TACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years) FUNDER 1 YEAR IF UNDER 24 H	esidanca befora admission)	2. USUAL RESIDENCE (Where deceased lived, If institution, R.		1. PLACE OF DEATH a. COUNTY	ď
d. NAME OF HOSPITAL ORINSTITUTION (if not in hospital, give streat address) 3. NAME OF DECEASED (Typa or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	4.	a. STATE May	MARYLAND	CE 1	
d. NAME OF HOSPITAL ORINSTITUTION (if not in hospital, give streat address) d. NAME OF HOSPITAL ORINSTITUTION (if not in hospital, give streat address) 3. NAME OF DECEASED (Typa or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years of UNDER I YEAR IF UNDER I YEAR IF UNDER I YEAR IF UNDER 24 Post birthday) Months Days Hours M. 10a. USUAL OCCUPATION (Giva kind of work done birthgring most of yorking life, work if tedired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 4. DATE OF Month Day Year OF UNDER I YEAR IF UNDER I YEAR IF UNDER 24 Post birthday) Months Days Hours M. 19. AGE (In years of Under I YEAR IF UNDER I YEAR IF UNDER 24 Post birthday) Months Days Hours M. 10a. USUAL OCCUPATION (Giva kind of work done birthgring most of yorking life, work if tedired) 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHALACE (County & State, or foreign country) II. CITIZEN OF WHAT COUNTY OF CO	give naarest town)	c. CITY OR JOWN (If outside corporate limits, write RURAL and	c. LENGTH OF STAY IN 16		I
d. NAME OF HOSPITAL ORINSTITUTION (if not in hospital, give streat address) A. NAME OF DECEASED (Typa or print) 3. NAME OF DECEASED (Typa or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years of UNDER I YEAR IF UNDER I YEAR IF UNDER I YEAR IF UNDER 24 Pour Birthday) Months Days Hours M. Hours		X St Masagneto	THE RESERVE AND ADDRESS OF THE PARTY OF THE		ı
3. NAME OF DECEASED (Typ or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years F UNDER I YEAR IF UNDER 24 P bet birthday) Months Days Hours M. WIDOWERK DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHRIACE (County & States or foreign country) 12. CITIZEN OF WHAT COUNTY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	e. IS RESIDENCE	STREET ADDRESS	n hospital, give streat address)	d. NAME OF HOSPITAL OF INSTITUTION (-
DECEASED (Typa or print) 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWERN DIVORCED May 22-1869 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 F UNDER 1	YES NO NO	R.F.D. anuspoles		V	
(Typa or print) 5. SEX 6. COLOR OF FACE 7. MARRIED NEVER	Day Waar		Middle		
5. SEX 6. COLOR OF TACE 7. MARRIED NEVER MA	18-1961		10 5,	(Type or print)	
Male Notate WIDOWER DIVORCED May 22-1869 92 yrs. Months Days Hours M 10s. USUAL OCCUPATION (Give kind of work done during most of verking life, was if refired) 10s. USUAL OCCUPATION (Give kind of work done during most of verking life, was if refired) 10s. KIND OF BUSINESS OR INDUSTRY 11. BIPHTH ACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charlotte K. Costobadic 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address		3. DATE OF BIRTH 9. AGE (In years F UNDER 1			
13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charlotte K. Costobadic 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	Days Hours Min.			Male White	1
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Charlotte K. Costobadic 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	ZEN OF WHAT COUNTRY?	RY 11. BIDATTRI ACE (County & States or foreign country) 12. CITI	b KIND OF BUSINESS OR INDUSTE	10a. USUAL OCCUPATION (Giva kind of work	1
13. FATHER'S NAME Games Bowdoin Charlotte K. Costobadic 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	S.A.	Maxis France 2	Danking		1
	,	14. MOTHER'S MAIDEN NAME	, , ,		X
	die	Charlotte K. Costoba	rdoin	James 120	X
	0.20	INFORMANT Address	16. SOCIAL SECURITY NO. 17		
Mrs trets Huler Huckson M.	son 1.4.	mrs Frets Huber Huch	1/	(il)	1
18. CAUSE OF DEATH [Enter only ona ceuse per lina tor (a), (b), and (c).]	INTERVAL BETWEEN		per lina tor (a), (b), and (c).)	18. CAUSE OF DEATH [Enter only ona	ı
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Classis Visculation accident.	ONSET AND DEATH	roculator accident.	Clashel v		١
3.31 × DUE TO	The same of the sa	4		331X DUE TO	1
Conditions, if any, which > (b) armaled arteningues		artenderis	appreciated	Conditions, if any, which) (b)	
gava risa to Immadiata causa			1	gava risa to Immadiata causa	1
(a), stating the undarlying causa last.				(a), stating the undaritying	1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO	1(a) 19. WAS AUTOPSY	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	CONTRIBUTING TO DEATH BUT NO	PART II. OTHER SIGNIFICANT CONDIT	
	YES NO			DILECTION	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH		D. (Entar natura of injury in Pert I or Part II of item 18.)	DESCRIBE HOW INJURY OCCURED	208. ACCIDENT WAS UNDERLYING	1
					1
Colonia dical attack at	nty) (Stata)			20c. TIME OF INJURY Month, Day, Yas	
Hour a.m. While Not While tactory, streat, office bidg., etc.) p.m. 19 at work at work		interpretation of the stage, start,	AA HILLE	Hour a.m.	1
21. I certify that (I) (this hospital) attended the deceased from Mart, 19.5.9 to allegent 19 19.6.1, that (I) (we)	(, that (I) (we) last	mast, 19.5910 alequat 19 19.	ittended the deceased from.	21. certify that (I) (this hospit	ı
saw the deceased alive on all 18 1961, and that death occurred at	he date stated above.	death occured at	8 19.6 /, and that	saw the deceased alive on all	١
	22b. DATE SIGNED	ATTENDING MED STAFF	/\	22a. SIGNATURE	
M.D. PHYS. DIRECTOR DIRECTOR DIVERS.	SIGNED	ALTERNATION CONTRACTOR	· Wilson »	Buil	
22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa)		22d. ADDRESS		22c. PHYSICIAN'S	١
Name (1796)				NAME (Type)	
238, BURIAL, CREMATION, 23b. DATE THEREOF 23c, TAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	Stata)	OR CREMATORY 23d. LOCATION (City, town or county	23c MAME OF CEMETERY		
Durial 8-21-1961 19 Dely Creek Cent Washington	N	& Cent Washington	of 19 well Cree	1 Dunal 8-21-	
24 NUMERAL DIRECTOR'S SIGNATURE CONTROLL DADDRESS DADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE		V V 4 4 106 / /- 1	ADDRESS	24 JUNERAL DIRECTOR'S SIGNATURE	
John 19, Jeng cor was Comapter 19d. DATE ADG 22 01	. / 554404	DATE AUG 22 01 COMMY 2	a simapia	Joen 19, very con	

1 4 4 T It tillergenet J. 216 64 2 16 De la competition della compet The Rent of House Test Benking Some Board our Charles To Coloradas Marie Later Agencian La Parase 8-21-1/2 Discover Contract to the Land

RYLAN STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before edmission) e. COUNTY a. STATE b. COUNTY files. MARYLAND Same Same Anne Arundel

CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) director. write RURAL end give nearest lown) All his life Baltimore 26
All his 111
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Same . IS RESIDENCE ON A FARM? YES NO THE 7214 Marley Neck Road Same 4. DATE Middle Month DECEASED OF the (Type or print) DEATH 1967 Stanley Bozek 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months 2, a WIDOWED DIVORCED 9-11-20 40 Male JOa. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page done during most of working life, even if retired) A.A. County, Baltimore 26 Liquor Store Operator pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Josephine Washlesski Frank Bozek FILE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unkown) | (Ifyes give wer or detes of service) Mr. John Bozek 7214 Marley Neck Rd with W.W. II 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), 1 INTERVAL BETWEEN ng" in pencil in Ite or's Office along was a burial-transit premoval, and in a ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hypertensive arteriosclerotic cardiovascular IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediata cause DUE TO (a), steting the undarlying used ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11 PART 11 PERFORMED? ical Ex Id be t ord YES K NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of itam 18.) should ial, cri PRIMARY OF CONTRIBUTING CAUSE OF DEATH. ng series 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) Page Chie factory, streat, office bldg., atc.) While Not While at work at work OR: P 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion should be forwarded to your property of the serific to the serific to the series of th Homicide Undetermined manner Natural causes X. Accident Suicide death resulted from: CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER TO SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 8-17-61 William V. Lovitt, Jr.,

226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY NAME (Typa) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Ritchie Hwy. A. A. Co., Md. 40 9 Aug. 21, 1961 Hely Cress Cemetery Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. MUNERAL DIRECTOR VS. A15ME 4001 Ritchie Hwy. (25) Tonce DATE AUG 23 '61 Orilar S. Kraus 5M 9/60 George J. Gence



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE ANNE ARUNDEL 青い草 MARYLAND MARYLAND ANNE ARUNDEL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by th b. CITY OR TOWN (if outside corporeta limits. deat c. LENGTH OF STAY IN 16 write RURAL end give neerest town) ___ ANNAPOLIS hours after 23 DAYS ANNAPOLIS Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 238 KING GEORGE STREET YES NO X HOSPITAL, ANNAPOLIS, MARYLAND .S. NAVAL papers. mpletel 3. NAME OF DATE Month Year DECEASED (Type or print) DEATH AUGUST 19 61 8 Van Courtlandt RRANDT 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Hours a a MALE WIDOWED DIVORCED 8 NOVEMBER 1888 CAUC. 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if ratired) Business Manager Battery Manufacturing North Carolina United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Nathaniel Fields BRANDT Josephine (n) HEWLETT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Maryland (Yes, no, or unkown) (Ifyesgivewarordatesofservice) Sara C. BRANDT, 238 King George St. Annapolis, 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). þ ONSET AND DEATH I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) burial-transit | DUE TO Conditions, if any, which been geve rise to immediate cause DUE TO (e), steting the underlying has the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? SE NO T use prior 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert It of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) factory, straet, offica bldg., atc.) While Not While Hour a.m. et work et work DIRECTOR: n.m 21. 1 certify that (I) (this hospital) attended the deceased from 17. July 19.61 to 8. August 19..., 19..., that (I) (we) last State SIGNATURE 22b. DATE 9 AUG 61 SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIANS 22d. ADDRESS NAME (Type) Stephen B. HILTABIDLE, LCDR MC U.S. NAVAL HOSPITAL, ANNAPOLIS, MARYLAND FUN ector, 232. NAME OF CEMENTRY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURDAL, CREMATION, | 23b. DATE THEREOF 호 라 0 winge 25e. REC'D BY REGISTRAR | 256 REGISTRAR'S SIGNATURE 21 FUNTERAL DIRECTOR'S **ADDRESS** VR A15 (4) 15M 9/60 DATE UG 11

attending

hospital

1 PROMINE BUILD 1 105 AV L.S. MOVIL HOSEPTOL, CORNECTES, LORNING CARREST STREET S IN Thirty has been town town the selling COLOR, ALLEGO DE COLOR DE COLO Pusingsh Mannogra Ballery Manufacturing Marthaganina Mannographia Nother Election 101 (0) = 1100 sero ", semai, ore what derive it. . Comments. the state of the state of HAME TO STATE OF THE PARTY Level of the Later of The state of the s 8 Adopted 11:09 72 Standard, Alternation, Convert, Markett William 111, Alexandration THE THE PARTY OF T The 12 de from Chime Stille and It was a little and the

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFIC ATE OF DEATH

08710

(1	1. (
	1. (
V	
1	5. 9
	5. 9
1	10a
/	13.
	15. (Yes
0	MEDICAL CERTIFICATION
	230

8715	CEKTIFICAT	E OF DEATH			
1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (When a. STATE		If institution: Residence	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANN APOLIS MD	NGTH OF STAY IN 16	C. CITY OR TOWN (IF OUT	oll / S	its, write RURAL and giv	re nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION EVERN AVE		d. STREET ADDRESS SE	VERN	AVE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CTEORGE	Middle 7	BROOKS	4. DATE OF DEATH	Month 9	Day Year 6 1961
MALE WHITE WIDOWED	DIVORCED	Sept 26-18	90 7	birthday) Months C	YEAR IF UNDER 24 HRS. Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND of 100 most of working life, even if retired) AINTER	NTER	amak	ello !	md 2	S.A.
SAMUEL W. BROOM	KS	FLORE!	VCE	BRAD	4
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	SECURITY NO. 17, INFO	WM T. GAR	DNER 1	HZAGI BSOI ANNAPOL	Rd, MO
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c)	many J	Krombon ote Hear	L Disc	2020	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE H					1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	IOW INJURY OCCURRED.	(Enter nature of injury in Po	irt I ar Part II af it	em 1B.)	
	OCCURRED 20e. PLAC lat while factor	E OF INJURY (Hame, farm, f), street, affice bldg., etc.)	20f. (City or town	n) (Co	ounty) (State)
20c. PHYSICIAN'S NAME (Type) AMES R. MAR	961, and that de	D. ATTENDING MEDINE D. PHYS. DIRE 22d. ADDRESS 6 5 1 + 14	ECTOR STAP	S	that (I) (we) last date stated abave. 22b. DATE SIGNED SI
Simulal Specify 8 - 09 - 1961 6	NAME OF CEMETERY OR dwards (hapel	Pwa!	Tous a county	a Gond
John M. Taylor Cons (Imapoli	md. DATE AL	BY'REGISTRAR UG 11'61	256. REGISTRAR'S SIGN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be removed by the hospital argument of the page 1 haurs often death. Page 4 may be removed by the hospital argument of the page 3 should be detached for uses, the burial-transit permit. Then please remove corbon-pages 1 and 2 should be filed with the State Baard of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

MI THE SIZE HARLES FOR THE STANGE OF 57 KYN SES NOW HES BY HENRY LESS N Miller Commission Street Commission Control Land Market (1) AN HELENANDER OF THE WARE OF THE TAKEN OF THE THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH a. STATE b. COUNTY Anne Arundel MARYLAND c. LENGTH OF STAY IN 1h write RURAL and give nearest town) Crownsville 4 mos. 27 davs Baltimore d. STREET ADDRESS 605 Carrollton Avenue

funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, If institution: Rasidance before edmission) e. COUNTY Maryland

Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? Crownsville State Hospital YES NO papers NAME OF Middle Year 72 DECEASED OF (Type or print) DEATH 11 19 Ruth Burnside 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Hours Femal e Negro Deys WIDOWED DIVORCED December 20, 1929 IDa. USUAL OCCUPATION (Giva kind of work remove 1Db. KIND OF BUSINESS OR INDUSTRY e, or toreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retirad) Maryland U.S.A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please David Ward and Carrie Monk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT hen Address (Yes, no, or unkown) (Ifyasgivawarordatesofservica) Unknown Hospital Records permit. 18. CAUSE OF DEATH [Entar only ona causa per lina for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OF Right Lower Lobe Pneumonia IMMEDIATE CAUSE (a) DUE TO Cervical Carcinoma Conditions, if any, which (b) geva rise to immadieta cause DUE TO (e), steting tha underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? Schizophrenic Reaction, Paranoid Type NO -2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of Injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH Po (IF EITHER, NOTIFY MEDICAL EXAMINER) peus 20c. TIME OF INJURY Month, Day, Yaer 2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) fectory, street, office bldg., atc.) Hour e.m. While While et work et work det n.m 8 9 61 , and that death occured at 4:20 from the causes and on the date stated above. plnous saw the deceased alive 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR TO PHYS. 61 PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Benedict. Crownsville State Hospital filed v 23d. LOCATION (City, town or county) 23e. BURIAL CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY (Steta) DATE THEREOF REMOVAL (Spacify) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 15'6

the day by the -2 E a physician aftending the þ g physics signed has been signed ne burial-transit p aftending certificate has by use as the bur prior to burial, 6 hospital he his TOR: A may be retaine DIRECTOR: FUN のきる VR A15 (4) 15M 9/60

executed

pe

certificate

PHYSICIAN:

Chorosville 4 mon. 27 days Seltimore

Chorosville Space Roapikal 605 Correlling Avange

Pornie Remo

dene Carrae Monta Monta

diaces Lalled nonet

sinomeer cool zewol in in

CHORISTEN CHORVES

contraphronic Mesetice, Personal Types

8/11 61 Levis 20 8/11

* The state of the

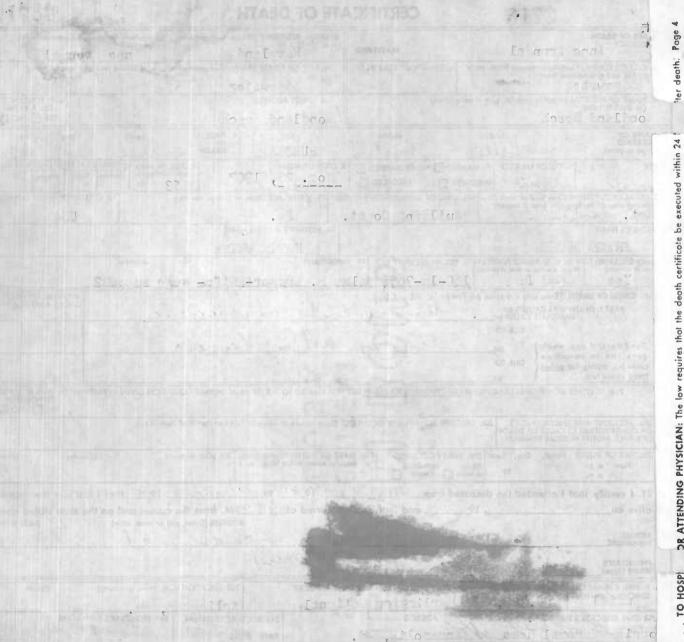
L. dehedict, M. D. Crommwrlle State Dougtfall

14/ by

40.5

8718	CERTIFIC	ATE OF DEATH	ALTIMORE, T	Reg. Dist. No	. 08712	
1. PLACE OF DEATH c. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where dece	b. COUNTY	on: Residence bef		
b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town) Edgewater	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of Edgewater				
d. NAME OF HOSPITAL (If not in hospitol, give son institution Woodland Beach	street oddress)	d. STREET ADDRESS Woodland Beach			e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF First DECEASED (Type or print)	Middle Weite	Lost 4. DA OF DEA		Mark the state of	Oay Year 196/	
	MARRIED - NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH	9. AGE (In years tost birthday) 53 yrs.	Months Days	R IF UNDER 24 HRS	
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Carpula	10b. KIND OF BUSINESS OR INDU Building Const	STRY 11. BIRTHPLACE (Stote or foreign	gn country)		OF WHAT COUNTS	
13. FATHER'S NAME FRANK BUSSER		14. MOTHER'S MAIDEN NAME KATIE WHITE				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no. or unknown) Yes (If yes, give wor or dates of service) WW II	7/2 7/ 7/77	ma R. Busser- Wif	Addr e- same ad	# 2		
18. CAUSE OF DEATH [Enter only one couse PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420, / DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under- lying cause lost. (c)	per line for (o), (b), and (c).] Myscare Caraclery	dist minspe outing desc	ciercy.	OF	TERVAL BETWEEN USET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITION PART II. OTHER SIGNIFICANT CONDITION PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING 200.		NOT RELATED TO THE TERMINAL DIS		EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 1 Hour a. j1.	20d. INJURY OCCURRED 20e. PI		City or town)	(County	(Stote	
21. I certify that I attended the deceased fram. Allegant 20, 1961, to Allegant 20, 1961, that I last saw the deceased alive on Not in the last saw the deceased fram. Allegant 20, 1961, to Allegant 20, 1961, that I last saw the deceased fram. Allegant 20, 1961, to Allegant 20, 1961, that I last saw the deceased fram. Allegant 20, 1961, to Allegant 20, 1961, that I last saw the deceased fram. Allegant 20, 1961, to Allegant 20, 1961, that I last saw the deceased fram. Allegant 20, 1961, to Allegant 20, 1961, that I last saw the deceased fram. Allegant 20, 1961, to Allegant 20, 1961, that I last saw the deceased fram. Allegant 20, 1961, to Allegant 20, 1961, that I last saw the deceased fram. Allegant 20, 1961, that I last saw the deceased fra						
REMOVAL (Specify) Aug. 23, 6 20. FUNERAL DIRECTOR'S SIGNATURE HOpping Francia Home	Arlington Na ADDRESS Annapolis, Md.	1	ington Ma	TRAR'S SIGNATU	JRE	

MARYIAND STATE DEPARTMENT OF HEALTH_RALTIMORE 19



OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ed by the hospital or attending physician.

RECTOR: After this certificate has been signed by the ottending physician and campletely filled to be detached for use as the burial-transit permit. Then please remake carbon papers. Panes 1 or

ter death. Page 4

15w 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY g. STATE b COUNTY MARYLAND b. CHY OR TOWN (If autside carporate limits, write C. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION -02 YES NO NAME OF Middle DATE Month Year DECEASED OF DEATH (Type or print) 1961 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months DIVORCED [WIDOWED [7] 10a. USWAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHame, farm, 20f. (City or tawn) (County) (State) Hour a. m. foctory, street, office bldg., etc.) While Not while of work of work p. m 21. I certify that I attended the deceased from. 196/ that I last saw the deceased and that death accurred at Joseph M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL Charles L. Ball, Jr. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BURIAL (Specify) 8-11-61 Meadowridge Cemetery Elkridge, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ariland & trans

DATE

Wm. Cook, Inc., 1217 St. Paul S. reet

STATE OF LINE STATE OF STATE O # 1615, 1501. . LEOF JE. SHEEL, ELLER

, d	1		8720 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No. 118714
should	M	1.	ALACE OF DEATH O. COUNTY LISSE COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution of the county of th	or: Residence before admission)
Page burial.	060	b	GOTTHOR TOWN (If outside corporate limits, write RURAL on LENGTH OF STAY IN 1b c. CHTYOR TOWN (If outside carporate limits) write RURAL ond give nearest town)	RURAL and give nearest town)
ractor.	060	7	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS G. STREET ADDR	e. IS RESIDENCE ON A FARM? YES NO Z
neral vi your		1	NAME OF Last A. DATE Month Secretary Control of DEATH	Day Year 9 196/
the fu		5. 5	EX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED (8. DATE OF BIRTH 9. AGE IN yours	IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min.
and 3 to retain d 2 with		10a	USUA OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) uring most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
1, 2, c may be		_	FATTER'S NAME	of the
Page 5			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (If yos, give wor or dotes of service)	59 St - St
P.M.3.			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 89:	INTERVAL BETWEEN ONSET AND DEATH
ith form	/		929 8 DUE TO	freshin
lang w			Conditions, if ony, which gove rise to immediate couse (a), stating the underlying DUE TO	
og' in positive of the office	0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	PERFORMED?
pendir iner's C		CERTIFICA	200. EXTERNAL CAUSE WAS PRIMARYD or CONTRIBUTING 20b. DESCRICE HOW INJURY OCCURRS. (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH.	YES NO
word	02	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) White Not white Stary, street, office bidg. etc.)	(County) (State)
Medion Page		MEDI	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection .	Inquiry , and find that
e Chief			death resulted frame. Notural causes Accident Suicide, Hamicide, Undetermined co	
Prtifice to the	- o-		ACTUAL SIGNATURE	DATE SIGNED
rwo rwo FUNER	d d	220	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT	S/9/6/
200	0	23.	Surial 8-13-61 Hopes Capel Telpera	rar's SIGNATURE
S. A15ME 5M 9/55	(5)	7	Villiam Lese, 11 1- Chrys, Man DATE AND 14 (1) un	ring L. Thomas

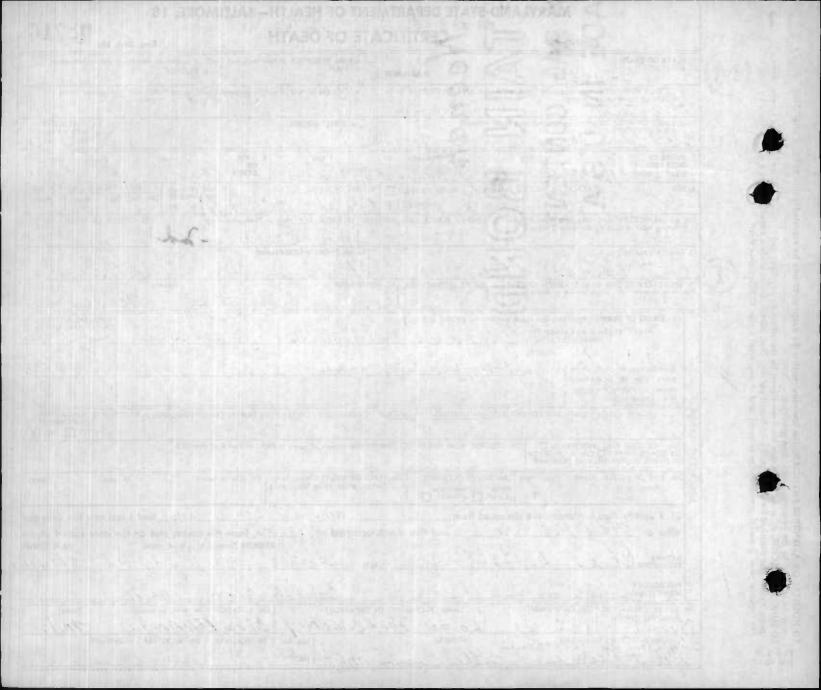
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2. USUAL RESIDENCE (Where decessed lived, If institution, Pasidence before edmission) 1. PLACE OF DEATH e. COUNTY Florida e. STATE b. COUNTY Anne Arundel MARYLAND Arundel b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) RURAT/L/Riva/ Miami Annapelis 12 days d. NAME OF HOSPITAL OR INSTITUTION (if not in bospitel, give street eddrass) . IS RESIDENC d. STREET ADDRESS 269 N. E. 20th. St. ON A FARM? YES NO TO Anne Arundel General Hospital House/Guest/Home 3. NAME OF Middle DECEASED (Type or print) DEATH 196] Joseph August 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work physician 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SALES MIANI attending pl 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? nomor unkown) ! (If yes give we rordates of service) physician. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO ARTERIOSCLEROSIS, GENERAL Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? ARTEGOSCLEROTIC HEART DISEASE LOW 1 206. DESCRIBE HOW INJURY OCCURED. (Enter mature of injury in Port II of item 18.) NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While et work | et work ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS NAME (Typa) Edward S. Beck Franklin St., Annapolis, Md. 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF P dig 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE PUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) wichen S. Thous DANG 2 8 '67

DYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND

产业公司任 Indiana di trafficati - V 3 - 20 - 1883 - 76 - 18 Salesman Salesman As to Memoral CLEMENT CARDON - LOWER WILL MRS LUME LEI CERDEN FLZ MANAGEMENT OF THE PROPERTY OF 2000E2 A Many LE Berry . ST . - 2010 H. S. S. H. L. 22 STATE OF THE STATE John M. Hardon Character M. M. M. M. Market MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/55

Charles E. Hicks 111 43-45 North West Street

23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE, 18	
793	OFFITIE A TE	0-	DEARL	

	8123		CERTIFICA	ATE OF DEATH	H		Reg. Dist.	. No.	571
1. PLACE OF DEATH a. COUNTY	A. A. Co	e	MARYLAND	2. USUAL RESIDENCE (WI		ed lived. If instituti b. COUNTY	on: Residence	befare admi	ssian)
b. CITY OR TOWN RURAL and give of	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		orate limits, write R	URAL and giv	e nearest toy	wn)
	apolis		Life	Annapolis		11	5		
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital,	give street	address)	d. STREET ADDRESS		-	in .		ESIDENCE A FARM?
	111 Clay	Stree	t	111 Clay St	reet				_ NO _
3. NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATE OF	Man	ith	Day	Year
(Type or print)	ATACOM ATACOM	nie)		hase	DEATH	Aug	gust	1	19 61
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UNE	
Female	Colored	WIDOWE		May 8, 1880		81 yrs.	manins D	ays Hours	Min.
10a. USUAL OCCUPATI during most af wo	ON (Give kind of wark rking life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign o	country)	12. CITIZ	EN OF WHA	COUNT
		S	eamstress	A. A. Co	. Ma:	ryland		22	+
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME				
	aniel Chase			Francis Wa	ters	an inches			
15. WAS DECEASED EV	ER IN U. S. ARMED FOI (If yes, give wor or dates of		SOCIAL SECURITY NO. 17.	NFORMANT		Add	ess		
			Mr	. Daniel C. C	hase	lll Cla	y Stre	et	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		e for (o), (b), and (c).]	Next 4	til	Lu		INTERVAL B ONSET AND	
Conditions, if a		at	ent levele	Hestarton	swife	(are	iv-	64	MIL
lying cause last.	the under-	16	a Cular	Livera					
ІСАТІ			ONTRIBUTING TO DEATH BUT				EN IN PART 1	(a) 19. WAS PERFO YES	ORMEDS
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Par	t 11 of item 18.)			
20c. TIME OF INJUITED Have a. p. m.	RY Month, Day, Ye	ar 20d. 1N While at work	Not while fo	ACE OF INJURY (Hame, farm ctory, street, affice bldg., etc.	20f. (City	y or tawn)	(Cor	unty)	(State
21. I certify the	hat I attended the	decea	1	occurred at 2	M, froi	n the causes a	that I la		
ACTUAL SIGNATURE	P. Richa	N. Es	m)	M.D. UB-CLAY	ADDRESS (S	THURA	POF12	82	AF SIGN
PHYSICIAN'S NAME (Type)	,							1	/
_ REMOVAL (Specify	ON, 22b. DATE THEREC)F	22c. NAME OF CEMETERY O			TION (City, tawn, o	"	(Sta	
Burlal	8/4/61		Brewer Hill	Cemeterv	Anna	anolis	6.6	arvlan	id

Brewer Hill Cemetery

ADDRESS

Annapolis

24a. REC'D BY REGISTRAR

Maryland

24b. REGISTRAR'S SIGNATURE

			N
		THE SECTION AND THE SECTION AN	
			THE SHARES
585£ . W.			No. Aller
Market and the second			
			100 to 10
			100 to 10
	AN SOUTH OF STREET	Total design	A CONTROL OF THE CONT
	AN SOUTH OF STREET	Total design	A CONTROL OF THE CONT
	AN SOUTH OF STREET	Total design	A CONTROL OF THE CONT
	AN SOUTH OF STREET	Total design	A CONTROL OF THE PARTY OF THE P
	AN SOUTH OF STREET	Total design	A TONGE TO SE

omplete ed in by the funeral papers. Pages 1 and 2 should hin 72 hours after death. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a 4 may be retaine by the hospital or attending physician.

AL DIRECTOR: A while certificate has been signed by the attending physician and pemplete and in hos the functional property. Whis certificate has been signed by the attending physician and for use as the burial-transit permit. Then please remove ca prior to burial, cremation, or removal, and in any event,

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

()8718

L /	e. COUNTY	e. STATE b. COUNTY
/	Anne Arundel MARYLAND	Maryland Anne Arundel
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Annapolis	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Annapolis
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
) =	Anne Arundel General Hospital	535 Horn Point Drive ON A FARM?
40	3. NAME OF First Middle	Lest 4. DATE Month Day Yeer
	(Type or print)	CIARK DEATH August 1, 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED B	CIARK August 4 1961 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED	Sept. 1, 1885 lest birthdey) Months Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSE WIFE HOME	Pennsylvania U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	CHARLES HABERSANK	LATHERINE HIGH
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	Personal) Plant (2)
	18. CAUSE OF DEATH [Enter only one cause per lipe for (e), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	on tella Opper AND DEATH
	IMMEDIATE CAUSE (a)	descent.
	DUE TO PL	
	Conditions, if eny, which geve rise to immediate cause	Carosonicases.
	(e), steting the underlying DUE TO	
	ceuse lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO .
Û). (Enter neture of injury in Pert I or Pert II of item 18.)
	3 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slete)
	nour a.m.	tory, street, office bldg., etc.)
		love 10'D in 12 that from 1 show (1) to be
	21. I certify that (I) (INCOMPAN) attended the deceased from.	is in the state of
	saw the deceased any of the same transfer and the	death occured at
	220. SIGNATUES	ATTENDING MED. STAFF SIGNED
	() purpose	A.D. PHYS. DIRECTOR PHYS. 8446
	22c. PHYSIGAN'S / NAME (Type) Elmer G. Linhardt	22d. ADDRESS
		3 Chesapeake Ave., Annapolis, Md.
	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DWOOLCU	C3 1+
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	John M. Jayler sus Amajo	Med DATE AUG 8 '61 arithur S. Kinns
),		TOALE NO.

F. 1884 100 Isologia od at the storal grant Labrara anal ST. SHERING in pulseand , we was an and the state of the gram in Trages date Throngwee my with in

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	ian.	TO FUT, AL DIRECTOR: 4 this certificate has been signed by the attending physician er complete	director, Page 3 should be defracted for use as the burial-transit permit. Then please remove c. in papeirs. Pages 1 and 2 should	removal, and in any event, within 72 hours after death.
law require	ding physic	en signed b	al-fransit per	emation, or
CIAN: The	oital or aften	ficate has be	as the buria	to burial, cr
NG PHYSI	by the host	This certi	exu for use	Health prior
ATTENDI	be retained	ECTOR:	and be der	ate Dept. of
PITAL OR	e 4 may	AL DIR	, page 3 she	with the St
TO HOS	death.	TO FUL	director,	pe filed

		ARYLAND STATE DI			
	DIVISION OF STATISTICAL R		E OF DEATH	N STREET, BALTIMO 	(18719
1	PLACE OF DEATH				institution: Residence before edmission)
\pm	Anne Arundel	MARYLAND	e. STATE Mary	Land b. COUN	Anne Arundel
(T	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16			RURAL end give neerest town)
1	Annapolis	51 days		L - Crownsvill	
	d. NAME OF HOSPITAL OR INSTITUTION (if no		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer
	(Type or print) Marvin	Lee	COALE	DEATH Augus	
5		MARRIED NEVER MARRIED XX	. DATE OF BIRT	9. AGE (In yeers last birthday)	Months Deys Hours Min.
		DOWED DIVORCED	July 7, 1961	yrs.	1 21
1	0e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
			Maryla		U.S.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
1	Maurice Francis COAL		Sharon Ma	rie MASTIN	
(5. WAS DECEASED EVER IN U.S. ARMED FORCES: Yes, no, or unkown) (Ifyes give werordetes of service	e) 16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
=			Hospital Re	cords	
	18. CAUSE OF DEATH [Enter only one ceus PART I. DEATH WAS CAUSED BY:	se per line for (a), (b), end (c).]	01		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Cong Con Tel	try de	velpholon	
	DUE TO		t		
	Conditions, if eny, which (b)	<u> </u>			
	(e), steting the underlying DUE TO				
	ceuse lest. (c)				
200	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	PERFORMED?
I V					YES NO
CERTIFICATION		b. DESCRIBE HOW INJURY OCCURED	, (Enter nature of injury in F	Pert I or Pert II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19		CE OF INJURY (Home, ferm ory, street, office bldg., etc.		(County) (Stele)
1	21. I certify that (I) (ID) (ID) (ID)		July 7.	10 61 to Aug 2	7 10 67 that (I) (302) last
	saw the deceased alive onAug.				
	22e. SIGNATURE		9:15		■ 22b. DATE
	3/1/1/1/		D	NED. STAFF	SI 39 SIGNED
	22c. PAYSICIAN'S	M	D. PHYS. D	1113.	0/2/6/
	NAME (Type) Niel H.	Sims	95 Cathed	ral St., Annap	olie Md
2	3e. BURIAL, CREMATION, 23b. DATE THEREOF			23d. LOCATION (City, tov	
1	REMOVAL (Specify)				
	Burial Aug. 29, 196	Hillcrest Cem	2Se. REC	Annapolis A	GISTRAR'S SIGNATURE
1	Hopping Funeral Home	TX		NO 2 0 104	
1_		Manapolis, Md.	DATE	01 0	Thuy S. Kraus
- 7	2063282 X V 8		THE LITTLE		AND THE LOCK

VR A15 (4) 15M 9/60

PRETABLE TO THE PROPERTY OF THE PARTY OF THE direct cal alvan decide of the second Low To to To Low To a .11.11.219 Rose A English Tiel H. Mark will out ill rest control uncertainty in no .bu .sil unergl .me Jamen 118. Md. 4 may be retained by the hospital or attending physician.
4 may be retained by the hospital or attending physician.
4 L DIRECTOR: A bis certificate has been signed by the attending physician and impletely din by the funeral age 3 should be determed for use as the burial-transit permit. Then please remove cat papers banes 1 and 2 should be TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour sets that the hospital or attending physician.

Z D HOSPITAL OR ATTENDING PHYSICIAN: The hospital or attending physician are mpletely at the hospital or attending physician are mpletely at the place of director, page 3 should be determed for use as the burial-transit permit. Then please remove can papers. Pages 1 and 2 or director, page 3 should be determed for use as the burial-transit permit. Then please remove can papers. Pages 1 and 2 or director, page 3 should be determed for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1872)

1 6000				V
1.) PLACE OF DEATH				institution: Residence before edmission)
Anne Arundel	MARYLAND	a. STATE Maryland	b. cou	Saltimore City
b. CITY OR TOWN (if outside corporate limits, write RURAL end give peerest town) Crownsville	4 yrs. 16 days		f outside corporata limits, wri	ta RURAL end give nearast lown)
d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
Crownsville State Ho	spital	835 Vine	Street	YES NO
3. NAME OF First DECEASED (Type or print) John	Middle	Coates	4. DATE Mont	
5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In yeers lest birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	OWED DIVORCED	1887	74 yrs.	Months Deys Hours Min.
done during most of working lifa, even if retired) Laborer	b. KIND OF BUSINESS OR INDUSTRY	South (ity & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Calvin ?		Unknown		
1S. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewerordetesofservice) Unknown	16. SOCIAL SECURITY NO. 17. 11 218-10-5181 H	spital Recor	Addres Cds	is
Conditions, if eny, which geve rise to immediate cause (a), stating the underlying cause lest. (b) DUE TO (c)	Broncho pneumoria			1 week
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Senile Brain Di		NAL DISEASE CONDITION GI	YES X NO
208. ACCIDENT WAS UNDERLYING 206. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Part II of item 1B.)	
Hour e.m.		CE OF INJURY (Home, farm ory, street, office bldg., etc	.)	(County) (Stata)
21. I certify that (I) (this hospital) a saw the deceased alive on 8/15	ttended the deceased from 19.61, and that			and on the date stated above
220. SIGNATURE	flet.	D. PHYS.	MED. STAFF PHYS.	22b. DATE SIGNED 8/15/61
22c. PHYSICIAN'S NAME (Type) L. Benedic				oital, Maryland
238. BURIAL, CREMATION, 23b. DATE THREOF REMOVAL (Specify)	M. Aubur	7	Beth. Mer	lowely
24 FUNERAL PIRECTOR'S SIGNATURE	918 DRuid	111	0 1 7 104	Allung & Karen

Tal dryk point Con mayilless were Boardson call orned l To gaza Calif 8/15

outsit seat of any h

deput enty 278

2467 - Table

5 5 5

mucoel Larigaxi 1012-01-818

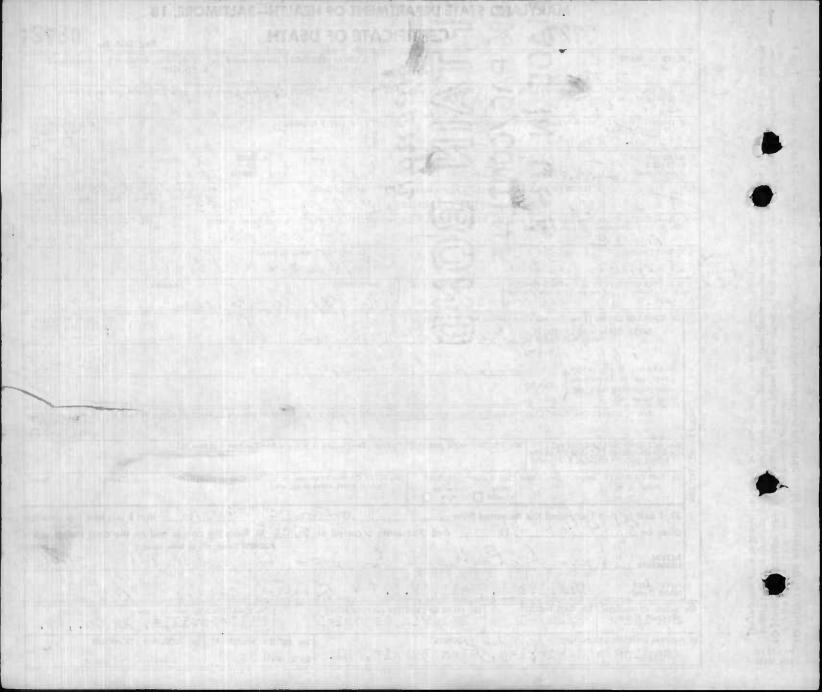
in a second seco

carnial recover of age

be seconder, his Day The state of the s

THE DECEMBER OF THE PROPERTY OF THE PARTY OF

BALE/EL



MARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYL DIVISION OF STATISTICAL RESEARCH AND OF DEATH funeral GIST ASSIDE PROSE (Where deceased lived, If institutions Residence before edmission) PLACE OF DEATH a. COUNTY e. STATE Anne Arundel Maryland MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 è write RURAL and give neerest town) Annapolis Annapolis = 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 82 Cathedral St. Anne Arundel General Hospital 4. DATE 3. NAME OF Middla Month pletel DECEASED DEATH DUVALL (Type or print) Rachal August 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | last bighdey) WIDOWED [DIVORCED Sept. 30. Female Negro a a 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) physician done during most of working life, even if retired) Maryland Domestic - Cook 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding pleas Harriett James Brown affend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Alexina Thomas - Rt. 2-Box 462 Anna. Md. 18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (b) geva rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CERTIFICATION as 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work TOR: ATTENDING MED. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22d PHYSICIAN'S NAME (Type O FUNE, director, pa Christhilf 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF Sept. 1-61 Broadneck A.A.Co. Md. ADDRESS

Annapolis, Md.

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

C.E.Hicks 111

(County) (Stete) Franklin St., Annapolis, Md. 23d. LOCATION (City, town or county) 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DASEP 6 arthur S. Kraus

AnneAArundel

. IS RESIDENCE

YES NO X

19 61

PERFORMED?

YES X NO

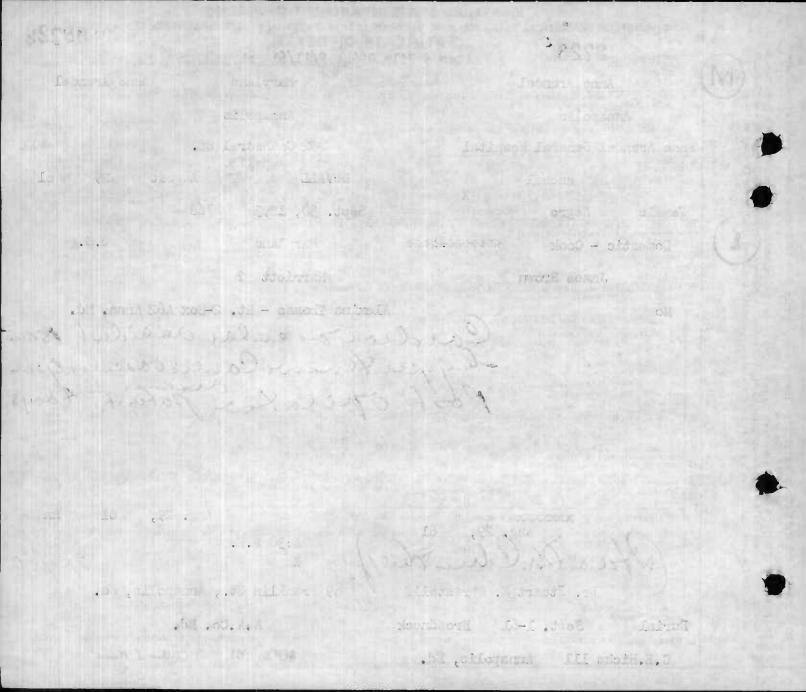
IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

U.S.A

Year

ON A FARM?



OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 filled in the funeral director, ges 1 and 2 shauld be filed with death. the Stote Board of Health prior to buriol, cremation, or removol, and in ony event within 72 hours offer sed by the hospital of offending physicion.

ORECTOR: After this Sticate has been signed by the ottending physicion and completed for users the buriol-transit permit. Then please remove carbon papers page 3 should be detached for the TO HOSPITAL TO FUNER

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8729

08723

1. PLACE OF DE a. COUNTY Ann	e Arundel		MARYLAND	2. USUAL RESIDENCE (W a. STATE Maryland	here deceased	d lived. If institution b. COUNTY	Anne			-
RURAL and	DWN (If autside carporate li give nearest tawn) t George G. N		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF Baltimor	autside carpo	rate limits, write R	URAL and g	give nea	irest town)
d. NAME OF OR INSTITU	HOSPITAL (If not in haspital ITION BROUGH ARMY H	give street OSPITA	address) AL	d. STREET ADDRESS 4319 All	en Dri	ve				IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)		First	Middle	FARQUHAR	4. DATE OF DEATH	AUGU	ST	24		Year 19 61
s. sex Male	6. COLOR OR RAC	WIDOWI	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 24 Aug 61		9. AGE (In years last birthday) yrs.	IF UNDER Manths	Days	Haurs	Min.
	UPATION (Give kind af war af warking life, even if retir		KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State Marylan		auntry)	12. CITI	US US		OUNTRY
13. FATHER'S NA Rich	me ard Farquhar			Nancy To		n				E.
1S. WAS DECEAS	(If yes, give wor or doles a			Mother-4319 A	llen D	r Balto,				
	OF DEATH [Enter only one 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE	(a) Hy	ne for (a), (b), and (c).] irocephalic					INTE	ERVAL BE	TWEEN DEATH
gave rise	s, if any, which to immediate stating the under-	(b)_Spi	ina bifida					а	t bi	rth
ICATIO		ONDITIONS (CONTRIBUTING TO DEATH BUT				EN IN PAR	RT 1(a) 1	PERFO	AUTOPSY RMED?
	ENT WAS UNDERLYING DELITING CAUSE OF DEAT NOTIFY MEDICAL EXAMINES	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Par	t II at item 18.)				
20c. TIME OI Havr	F INJURY Manth, Day, a. m. p. m.	While	Nat while fa	ACE OF INJURY (Hame, far ctary, street, affice bldg., et		y ar tawn)	((County)		(State
	. , , ,	,	ded the deceased fram.			24 Aug				we) last
saw the deceased alive an 24 Aug 19 61 and that death accurred all:05, Aom the causes and an the date 22a. SIGNATURE ATTENDING RED. STAFF PHYS. ADDRESS NAME (Type) STUART M. BERNSTEIN, Capt., M.C. Kimbrough AH Ft Geo G. Meade, Md							1g 61	b. DATE SIGNED		
	EMATION, 23b, DATE THE		23c. NAME OF CEMETERY C	DR CREMATORY		TION (City, tawn,		-	(Stat	e)
24. FUNERAL DIF	Leum J	reger	M.f. Array	Left DATE	BG 31 7	75.4	strar's st			
205022	1XV2									

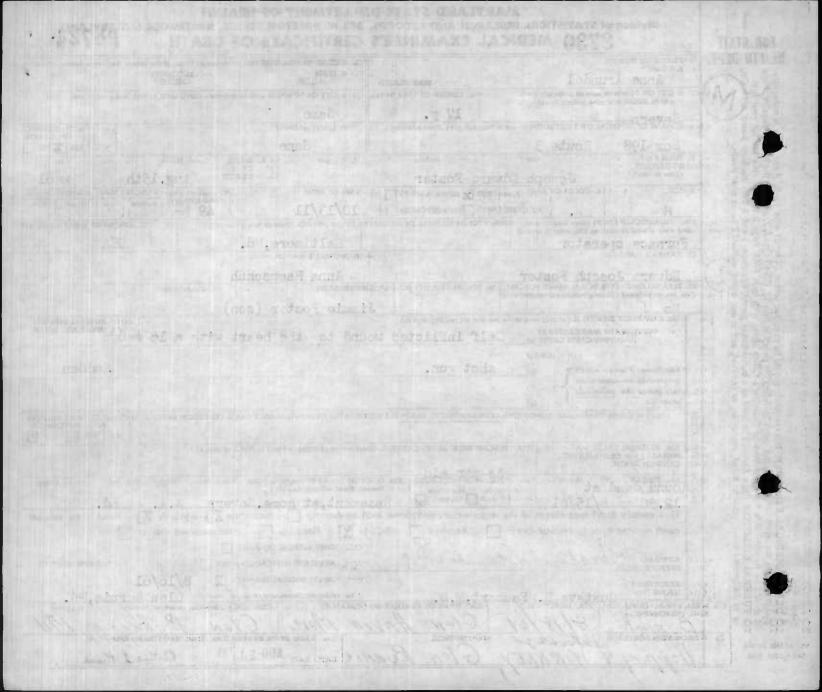
effect of the second A STATE OF THE STA . 图 . 包括文 · 法 / 在20 文章 (14) To Same The Fall france

FOR STATE HEALTH DEPT. director. Page for your files. Board of the lth, TO DEP MEDICAL EXAMONER: This certificate should be executed within 24 hours after death. If any please exactle the certificate, and the function please exactle the certificate, and the function of the function of the function of the Crief Medical Examiner's Office along with form PM3. Page 5 may be retained for your provided to the Crief Medical Examiner's Office along with form PM3. Page 5 may be retained for your provided to the Crief Medical Examiner's Office along with form PM3. Page 5 may be retained for your provided to the State Board or its designated agent, prior to burial, cremation, or removal, and In any eyent within 72 hours after death.

VS. A15ME 5M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 8730 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

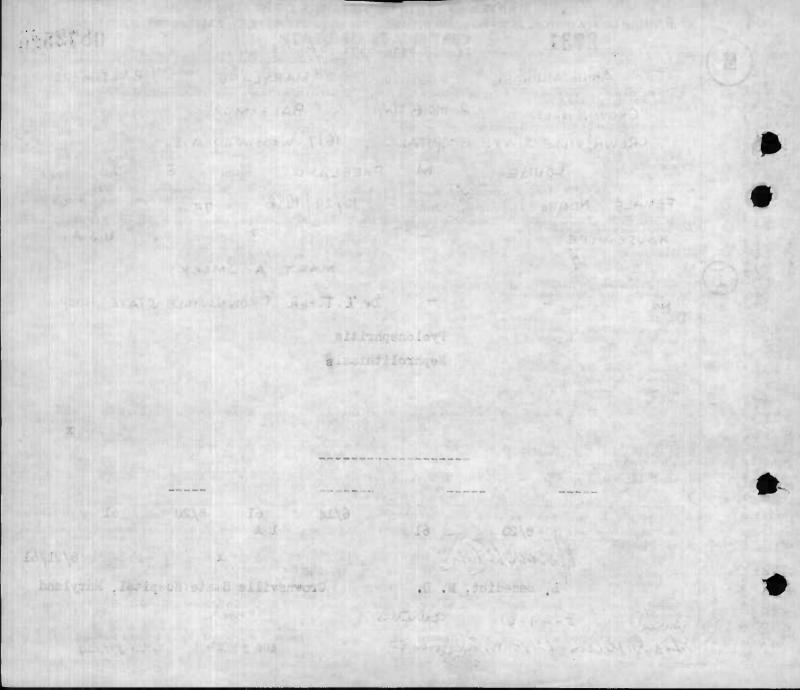
Anne Arunde 1 b. CITY OT TOWN (if outside corporate limits, write RURAL and give neerest lown) 1.7 y. 1.7 y. 1.7 y. 1.8 Same 6. STATE N 1b 1.7 y. 8. Same 6. STATE ADDRESS 9. AGE (if year of pint) 1.9 Corporate limits, write RURAL and give neerest lown) 1.7 y. 8. Same 6. STATE ADDRESS 9. AGE (if year of pint) 1.9 Corporation (give ind of work done address) 9. AGE (if year of pint) 1.9 Corporation (give ind of work done address) 1.0 J3/11 1.0 KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (issue or foreign country) 1.1 BATE MORINE 1.2 CITIZEN OF WHAT COUNTRY 1.3 FATHER'S NAME 1.4 MOTHER'S MADE NAME 1.5 RESIDENCE 1.6 CAUSE OF DEATH (fore only one cause per line for (e), (b), and (c). 1.7 MADE OF DEATH (fore only one cause per line for (e), (b), and (c). 1.8 CAUSE OF DEATH (fore only one cause per line for (e), (b), and (c). 1.9 FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III.) 1.9 WAS DECLASED FUR IN.U.S. ARMS FORCES? 1.0 SOCIAL SECURITY NO. II. INFORMANT 1.0 CAUSE OF DEATH (fore only one cause per line for (e), (b), and (c). 1.0 Social SECURITY NO. II. INFORMANT 1.0 CAUSE OF DEATH (fore only one cause per line for (e), (b), and (c). 1.0 Social SECURITY NO. II. INFORMANT 1.1 SOCIAL SECURITY NO. II. INFORMANT 1.2 COURT OF DEATH (fore only one cause per line for (e), (b), and (c). 1.3 FATHER'S NAME 1.4 MOTHER'S MADIEN NAME 1.5 SEIDING 1.5 SEIDING 1.6 COLOR RESIDENCE 1.6 COLOR RESIDENCE 1.6 COLOR RESIDENCE 1.7 MARRIDO 1.0 SOCIAL SECURITY NO. II. INFORMANT 1.0 SOCIAL SECURITY NO. II. INFORMANT 1.0 SOCIAL SECURITY NO. II. INFORMANT 1.1 MINING 1.2 COLOR RESIDENCE 1.3 SETTERNAL CAUSE WAS PERFORMENT A. MINING 1.4 MOTHER'S MADIEN NAME 1.5 ASSISTANT MEDICAL EXAMINE	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution:	Residence before edmission)
SAME OF HOSPITAL OR INSTITUTION	Labarra aman	Same Same	
BOX 198 ROUTE Same	write RURAL end give nearest town)		d give necrest town)
Box 198 Route 3 3. NAME OF DECEASED: Sinst Middle Last 4. DATE Month Day Yesr DECEASED: Type of print) Joseph Edward Foster S. DATE OF BIRTH Aug. 15th 19 fol 19 Month	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		I A IS DESIDENCE
DECRASED DECRASED Sex S	Box 198 Route 3		ON A FARM?
S. SEX			Day Yeer
Machine Divorced	Joseph Edward Foster		19 61
Machine Divorced 10/13/11 49 yr. Month Mon	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8		
Baltimore, Md. USA	M W. WIDOWED DIVORCED		Deys Hours Min.
Baltimore, Md. USA 13. FATHER'S NAME	10a. USUAL OCCUPATION (Give kind of work done during most of working life even if religid)	RY 11. BIRTHPLACE (State or foreign country) 12. Cf1	TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward Joseph Foster 15. WAS DECLASED EVER INTU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Itysepide-were ordered stervice) NO 16. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Self inflicted wound to the heart with a 16 gauge ONSET AND DEATH (b) Shot gun. Sudden Sudden ONSET AND DEATH (b) Shot gun. Sudden OUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO ENTRIBUTING COURED. (Enter neture of injury in Pert I or Pert II of Hem 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO ENTRIBUTING COURED. (Enter neture of injury in Pert I or Pert II of Hem 18.) CAUSE OF DEATH. 200. TIME QF INJURY Month, Day, Year While Section of Head and Autopsy Inspection Inquiry And In my opinion death resulted from: Natural causes Accident Suicide Thomas Severn AA Md 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry And in my opinion death resulted from: Natural causes Accident Suicide Thomas Severn AA CHIEF MEDICAL EXAMINE IN AUTOMATICAL EXAMIN		Baltimore.Md.	JSA
15. WAS DECEASED EVER INTUS. ARMED FORCES? (Yes, no, or unknown) (If yesgive were or detest of service) No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e). Self inflicted wound to the heart with a 16 gauge ONSET AND DEATH Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO EPIMARY OF CONTRIBUTING OF C			
15. WAS DECEASED EVER INTUS. ARMED FORCES? (Yes, no, or unknown) [Ifyesgive were deless of service] 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSE (e) Self inflicted wound to the heart with a 16 gauge Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO FINANCY OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO FINANCY OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO FINANCY OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO FINANCY OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO FINANCY OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO FINANCY OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO FINANCY OF CONTRIBUTIONS OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO FINANCY OF CONTRIBUTIONS OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO FINANCY OF CONTRIBUTIONS OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO FINANCY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO FINANCY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO FINANCY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO FINANCY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY YES NO FINANCY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART	Edward Joseph Foster	Anna Hampschuh	
No	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1		
18. CAUSE OF PERTH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Self inflicted wound to the heart with a 16 gauge DUE TO Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO ENTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO ENTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO ENTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO ENTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO ENTERONED. 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO ENTERONED. 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO ENTERONED. 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED. 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED. 20e. EXTERNAL CAUSE WAS PRIMARY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED. 20e. EXTERNAL CAUSE WAS PRIMARY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED. 20e. EXTERN		Timmie Foster (son)	
DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES SOLUTION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED.	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Zamazo z ob ocz (Borr)	
DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. YES		ound to the heart with a 16 gai	198
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO FOR AND AND AUTOPSY PERFORMED? YES NO FOR AND AUTOPSY YES NO FOR A	0711		
geve rise to Immediate cause (e), stating the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PREFORMED? YES NO PRIMARY or CONTRIBUTING CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF INJURY (Home, farm, 20f. (City or town) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY or CONTRIBUTING COUNTY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY or CONTRIBUTING DEATH II of item 18.) PRIMARY or CONTRIBUTING DEATH II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY or CONTRIBUTING DEATH II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20c. TIME OF INJURY MONTH II OF ITEM	shot am		Sudden
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING OF CONTRIBUTION OF	geve rise to Immediate cause		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. YES NO PERFORMED? YES NO PERFORMED.	tel, stating the underlying		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY MONTH AND A MONT		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 4	¥		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY MONTH AND A MONT	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Part II of item 18.)	I II II II III
Tound under at While Not While st work state of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER .	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER .	3 20c. TIME OF INJURY , Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 1 20f. (City or town) (Col	inty) (Stote)
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER .	a round dead at While Not While fact	tory, street, office bldg., etc.)	
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER .	12.00 0/10/01	The state of the s	
ACTUAL GUSTAN, Whenlerd ASSISTANT MEDICAL EXAMINER DATE SIGNED			and in my opinion
ACTUAL GUSLAN, Normalist ASSISTANT MEDICAL EXAMINED DETP SIGNED	deall resulted from: Natural causes Accident, Suic		
	ACTUAL GUESTE N. H. lender		
near 1981 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/		M.D.	DATE SIGNED
EXAMINER'S NAME (Type) Caracteria H. Forshowt M.D. Address (Street, city, town, or county). Clon Rammio Md.		- 0/ 10/ OI	
NAME (Type) Gustave H. Faubert, M.D. Address (Street, city, fown, or county) Glen Burnie, Md. 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (Siele)	22. BURIAL, CREMATION, 22b. DATE THEREOF 22C. NAME OF CEMETERY OF	R CREMATORY 22d, LOCATION (City, Jown, or country)	cnie, Md.
REMOVAL (Specify)	REMOVAL (Specify)	and Man CI, Ban	101
23. FUNERAL DIRECTOR () OF ADDRESS 248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			1 " (")
AUG 0.9 165	16 January Clau B.	4110 - 4 105	
Tropping & MIRKLEY GIEN DURNIE DATE NOUZI " CITTUM I, Thank	Hopping + HILLIAMEN OLON DOWN	DATE TO LETTER OF LINE AND LI	, Thank



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 93 8/2), /61 mh 2. USUAL RESIDENCE (Where daceased livad, If institution: Residence before admission) Ttom 8 Film G293 1. PLACE OF DEATH a. COUNTY 6. COUNTY BALTIMORE ANNE ARUNDEL MARYLAND MARYLAND 2 he b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, writa RURAL and give nearast town) write RURAL and give nearest town) 2 mo. 6 days BALTIMORE CROWNSYILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet addrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1617 WESTWOOD CROWNSVILLE STATE HOSPITAL YES NO V 3. NAME OF 4 DATE Month Middle DECEASED M. LOUISE FREELAND DEATH (Type or print) 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) | Months | Deys WIDOWED [DIVORCED I 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retirad) U.S.A. HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending A. SMOCK MARY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then (Yas, no, or unkown) | (If yas give war or datas of sarvical Dr. T. Turok CROWNSVILLE STATE HOSP. physician. No 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pyelonephritis IMMEDIATE CAUSE (a) signed Nephrolithiasis Conditions, if any, gava rise to immediate causa DUE TO (a), stating the underlying has cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118.) 19. WAS AUTOPSY PERFORMED? YES NO -20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (County) (Stata) 20c. TIME OF INJURY 20f. (City or town) factory, street, offica bldg., atc.) While Not While saw the deceased alive on.....8/.20 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Crownsville State Hospital, Maryland L. Benedict, M. D. director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, 23b. DATE THEREOF mes REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) AUG 2 2 '61 arthur S. Hraus 15M 9/60

certificate

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8732

08726

Reg. Dist. No.

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission)
)	O. COUNTY CL CL MARYLAND	a. STATE M.C. b. COUNTY ()
4	C. LENGTH OF STAY IN 1b and give nearest lown	c. CITY ON TOWN (If outside corporate limits, write RURAL and give nearest town)
	Drivelsonville	Imacholia la
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
		1213 ME Kinley ST VES INO IN
	3. NAME OF First Middle	Lest 4. DATE Month Day / Year
	(Type or print) To sepah Burgess	French DEATH & 4 1961
	SSEX ACCOLOR OR BACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 14 ARS. Months Days Hours Min
	VI all VI MITE WIDOWED DIVORCED	4-13-1925 36 yrs. Months Days Hours Min.
	10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR	11. BURTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Truck Whiver fruer hower	Baltemore Old. M. S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Muknown	Thelma Wells
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no. or unknown) [(If yes, give year or dates of service)]	FORMANT Address / Zf 2
	yes W.W. II 219-16-0577 E	VELYN 7-1-RENCH 42
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAC BETWEEN ONSELTANO DEATH
	PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) . Orycou Me	enorele (eschiplei).
	MAR 3 DUE TO	Justin Justin
	Conditions, if any, which) (b)	
-	gave rise to immediate couse (a), stating the underlying DUE TO	PROPERTY OF THE PROPERTY OF TH
1	couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING	PERFORMED?
4	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (En	ster noture of injury in Part I or Part II of item 18.)
	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
		E OF INJURY (Home, form, 20f. (City or town) (County) (State)
1	Hour a.m. P. m. 19 of work at work	ry, street, office bldg., etc.)
	21. I certify that I took change of the remains described above	e, held an Autopsy . Inspection . Inquiry . and find that
ı		ide , Homicide , Undetermined cause .
4		
1	ACTUAL SIGNATURE / Curricult	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
-	SIGNATURE 1 1 IA	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S ELINBARY.	DEPUTY MEDICAL EXAMINED
	220. BURIAL, CREMATION, 22b. DATE THEREOF 226. NAME OF CEMETERY OR C	REMAJORY 220 LOCATION (Gity, town, or county) (State)
	June 8-10-61 Arlengton	Malinal Villengton Va-
	23. EUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	James 11. Vigur ous armapo	DATE AUG 11 '61 Carthur S. Kraens

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the retificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forward the Chief Medical Aminer's Office along with farm PM3. Page 5 may be retained for your fill to be used as a burial-transit permit. File pages 1 and 2 with a sister. It is partial, remation, SM 9/55

VS. AISME(S)

ar remava

The second of th The contract of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. crematian 2. USUAL RESIDENCE, (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND burial b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) UHICAGO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS GENERAL HOSPITAL 13. gistrar NAME OF DATE Month funerol DECEASED OF (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR lost birthday) Months WIDOWED | DIVORCED T 0 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BLREHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Touse wu 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Muknown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 7065 (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS) 20a. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. m. While Not while the of work at work p. m. 21. I certify than took charge of the remains described above, held an Autopsy ... Inspection . Inquiry , and find that death resulted from Matural Accident , Suicide , Homicide , Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER DEPUTY MEDICAL EXAMINER

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

e. IS RESIDENCE ON A FARM?

YES NO NO

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

PERFORMED!

DATE SIGNED

(State)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

arthur S. Krang

240. RECID BY REGISTRAR

DATE

(State)

196

VS. A15ME(S) 5M 9/55

0

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, 22b. DATE THEREOF

Sign of the second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 08728 8734 CERTIFICATE OF DEATH directo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and high nearestytown) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? ANNAPOLIS YES NO IS NAME OF Middle 4. DATE Year Month DECEASED OF DEATH (Type or print) 19 601 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours 1890 WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8[RTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? doning most of working life, even if retired) SICI ond 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 WEN physici remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₫ PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (o) DUE TO by (b) gove rise to immediate DUE TO couse (o), stoting the underlying cause last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (Caunty) (State) foctory, street office blog., etc.) Hour o. m. While Not-white SO of work of work 21. I certify that (I) (this haspital) attended the deceased fram / May. ed saw the deceased alive an , and that death accurred an USA fram the causes and an the date stated above. RECTOR 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. MED. DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Tya 23b. DATE THEREOF BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY JOCATION (City, town, or county) (State) REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE 24. ELINERAL DIRECTOR'S SIGNATURE

250. REC'D BY REGISTRAR

Circhar S. Threes

VR A15 (4) 15M 9/59

THE WAY SEE THE REPORT OF THE PROPERTY OF THE PARTY OF T ENGLISH MELLE STEWARD TO A CHEEK

VR A1S (4) 1SM 9/59

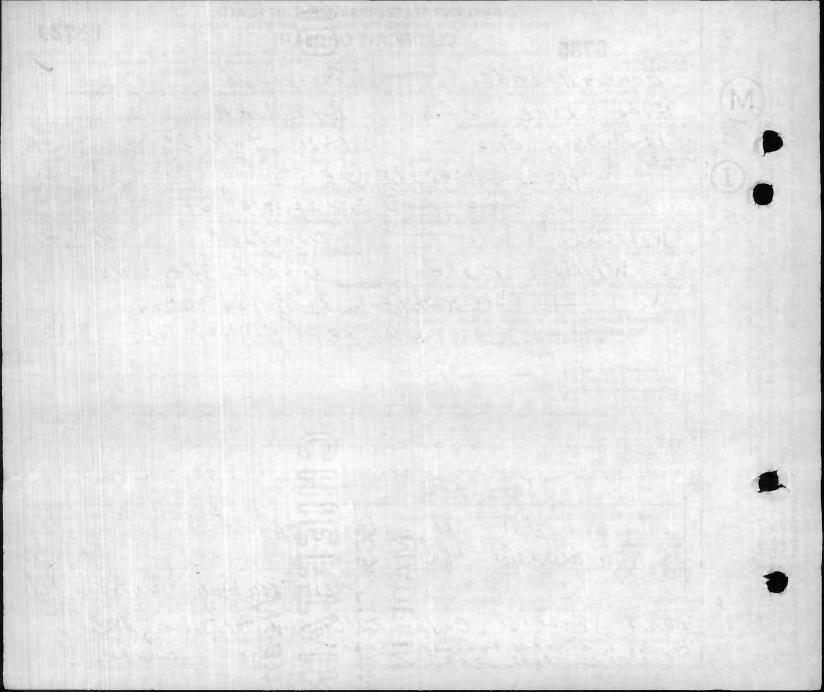
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

08729

7335	12 01 02/111
1. PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY
MINNE MACI	17274/2 20
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest Jown)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
GIEN BUTHE Smonths	Baltimorf 3
d. NAME OF HOSPITAL (If nat in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO IX
124 W1150 n D/Vd.	
3. NAME OF DECEASED (Type or print) brace First Elizabeth	GERTZ OF Month Day Year DEATH 8- 22 196
	B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Hours Min.
WIDOWED DIVORCED	1440 12, 1900 6/ yrs.
10a. USUAL OCCUPATION (Give kind af work dane during mast of warking life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Maler	Gx200 1/25 10110
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service)	-/ > 7
140	elen 62013 124 Wilson
1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSE CAND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARCINO MA	+ MEHI MEPAILE DUCT O MONS
DUE TO	
Conditions, if any, which) (b)	
gove rise to immediate	
cause (a), stoting the <u>under-lying</u> cause last.	
7	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ATA	PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 1B.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Haur a.m. 10 While Nat while fac	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.) (City or town) (County) (State)
p. m. '' at wark at wark	TIME /1 DURING /1
21. I certify that (I) (this haspital) attended the deceased fram	death accurred at A.M. from the causes and an the date stated above.
220. SIGNATURE	22b. DATE
	M.D. PHYS. MED. STAFF PHYS. STAFF
22c. PHYŠICIAN'S NAME (Type)	204 Crain Hury, Dlex Burnie Md
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
Buria 1 8-25-61 Ceday- 1	4:11 Cenetery Baltimore Md.
24 FUNERAL DIRECTOR'S SIGNATURE VE45 FULLERS / Hon	E , Inc. 250. PEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1501 E. Fort Ave,	DATE AUG 25'61 arthur L. Kinus



FOR STATE HEALTH by is necessary, director. Page the State Board of Health, e retained for your files. fter death. h. If any to the fu TO DEPT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. please et with the certificate, will get be word "pending" in pencil in Item 18. Give Pages 1, 2, and 4 should be forwarded to the const Medical Examiner's Office along with form PM3. Page 5 m To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after 0

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(1873)

1. PLACE OF DEATH		2. USUAL RESIDENCE	3 (Where decessed lived, If institute	on: Residence before edmission)
•. COUNTY Anne Arundel	MARYLAND	e. STATE Maryl	and b. COUNTY A	nne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporete limits, write RURAL	L end give neerest town)
Annapolis	2 days	RURAI	-Crownsville	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS		a. IS RESIDENCE
Anne Arundel General Hospit	al	B 60	Ranch	YES X NO
3. NAME OF First	Middle	Last	OF Month	Dey Year
(Type or print) Ralph		GREER	DEATH August	9 1961
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UND	
Male White WIDOWE		April 3, 1913	last birthdey) Month	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Coal miner Coa	al	West Vir	ginia	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
George Robert Greer	THE REAL PROPERTY.	Mary Coump	ton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I		Address	
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	35-07-5690	Hospital reco	rds.	
18. CAUSE OF DEATH [Enter only one ceuse per l		TOPPINGT 1900	2000	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ar pneumonia,	hilateral	ONSET AND DEATH
IMMEDIATE CAUSE (•)	200	at phe unonia	DITTE OCT OF	3 days
DUE TO				
Conditions, if any, which (b)				
(a), steting the underlying DUE TO				
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN P	PART 1(e) 19. WAS AUTOPSY PERFORMED? YES XX NO
20a. EXTERNAL CAUSE WAS 20b. DESCR	BE HOW INJURY OCCURED. (E	nter nature of injury In Part I	or Part II of item 18.)	LES VY HO
20c. TIME OF INJURY Month, Dey, Yeer 20d. While et wor	Not While feel	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I took charge of the rem		ld an Autonsy Y. Ir	spection . Inquiry	, and in my opinion
death resulted from: Natural causes X	Accident . Suici		7. Undetermined manner	
17	1-	CHIEF MEDICAL EX		
ACTUAL O	AST	ASSIST ANT MEDIC		DATE SIGNED
SIGNATURE	111	M.D. DEPUTY MEDICAL E		01/1/1
EXAMINER'S NAME (Type)	will.	Annapolis Address (Street, cft	MQ.	4/10/6/
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		2d. LOCATION (City, town, or cou	
Removal-Burial Aug. 10,61	Wallace Memori		Clintonville, Ve	
25 FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 246. REGISTRAR	
Hopping Funeral Home Anna	apolis, Marylan	DATE AUC	14'61 arihun	S. Kraus

THE REPORT OF THE PROPERTY OF The state of the s Hall to the first was better the control of the con design of the state of the stat

FOR STATE HEALTH DEPT. MEDICAL EXAMPLER. This certificate should be executed within 24 hours after death. If any difference, please exactle the certificate, which is the word "pending" in pending in Item 18. Give Pages 1, 2, and the turn director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hour after death.

VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8737 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
Anne Arundle MARYLAND	Maryland b. county Arundle
b. CITY OR TOWN (il outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (Il oulside corporete limits, write RURAL and give nearest town)
write RURAL and give nearest lown)	Lathion
Annapolis d. NAME OF HOSPITAL OR INSTITUTION (ill not in hospital, give street address)	d'STREET ADDRESS I e. IS RESIDENCE
	ON A FARM?
Anne Arundle General	YES NO Nonih Day Year
DECEASED	OF
(Type or print) Floyd -	Griffin August 27 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS,
Male Colored WIDOWED DIVORCED	3-8-1960 15 mors Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)	m. 1 9/2/1
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 2 11	7/0/0
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [176, SOCIAL SECURITY NO.] 17. 1	NFORMANT Address A
Men ng of unkgwn) ((lyesgive werordalesofservica)	NPORMANT OF 10 Addyss HO
17/10	elen Mysen Lothian, Mg.
18. CAUSE OF DEATH [Enter only one cause parline for (e), (b), end (c).]	INTERÝAL BEFWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED 84. IMMEDIATE CAUSE (6) ASPHYRIA	
DUE TO	
Conditions, il eny, which \ (b) Aspiration of sto	mach content
gave rise to immediate cause	AND THE STATE OF T
(e), staling the underlying	007444
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
OF TAKE BUT STATE OF THE STATE	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20%. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20%. DESCRIBE HOW INJURY OCCURED. (I	inter nature of injury in Pert I or Pert II of Hem 18.)
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURED. (I	inter nature of injury in real tor real it of item to.)
	CE OF INJURY (Home, farm, ' 20f. (City or lown) (County) (Stele) ory, street, office bldg., etc.)
p.m. 19 et work at work	
21. I certify that I took charge of the remains described above, he	Id an Autopsy x, Inspection , Inquiry , and in my opinion
death resulted from: Satural causes T. Accident . Suic	ide Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL POOD SALE	ASSISTANT MEDICAL EXAMINER TO DATE BIGNED
SIGNATURE OUSSIER OUSSIER	DEPUTY MEDICAL EXAMINER
EXAMINER'S Russell S. Fisher, M. D.	8/28/67
22a BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
(REMOVAL-(Specify)	Maria Soul
Surval 8-2-61 / lastes 23 SUNFRAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
23. FUNERAL DIRECTOR ADDRESS	
Villiam Belsey 11- Urga.	Md. DATEAUG 29'61 andling & throng

and the second THE ROOM OF SHARE SHARE THE PARTY OF THE PAR h 4 and the second characteristics and the second case of Tings diving

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Year

1961

(State)

22b. DATE SIGNED

(State)

-760	ъ.	
-	1	
	1	
- (
1		
		-
		-
		,
		d
at p		
Q		
ter		
4		4
3		1
5	-	
72		
=		
ŧ		
+		
Ve		
×		
6		
=		
pur		
0,0		
E		
-		
,0		
ig		
na		
re		
_,		
J.C		
Ď		
0		
2		
d.		
o ÷		
Ĕ	1	
af	1	
Duc		
Boo		
e		
Sta		
he		
4-		
	the State Board of Health priar ta burial, crematian, ar removal, and in any event, within 72 hause after death.	soard of Health prior to

directar

after death. Funeral

haurs

within 24

mple

CO

and

physician

attending

þ

signed

g physician. has been sig

ficate

haspital a

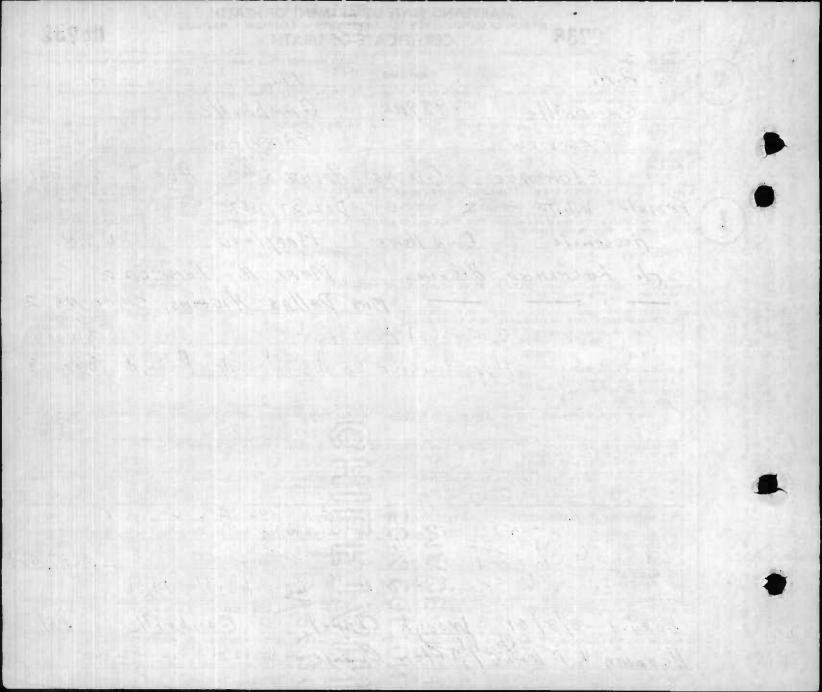
PHYSICIAN: The 21thending

ATTENDING

requires that the death certificate be executed

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If gutside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION FAIRVIE YES NO F AIRVIEW NAME OF 4. DATE First Middle Last Manth DECEASED OF DEATH (Type ar print) 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH last birthday) Manths Days Haurs 93 yrs DIVORCED WIDOWED X 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Selvite 00 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMAN INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO - Vascular Canditians if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED (Caunty) Day, Year factory, street, affice bldg., etc.) MEDI Haur a. m While Nat while at wark at wark p. m that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. , and that death accurred at 220M, from the causes and an the date stated above. saw the deceased alive an 22d. SIGNATURE ATTENDING MED PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. DATE THEREOF 23d. LOCATION (City, town, REMOVAL (Specify) URIA 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR DATE AUG

VR A15 (4) 1SM 9/59



MAKILAND	SIAIE DEL	AKIMENI	OF HEAL	IH
ION OF STATISTICAL	RESEARCH AND	RECORDS - B	ALTIMORE 1,	MARYLAND

DIVIS CERTIFICATE OF DEATH 2730

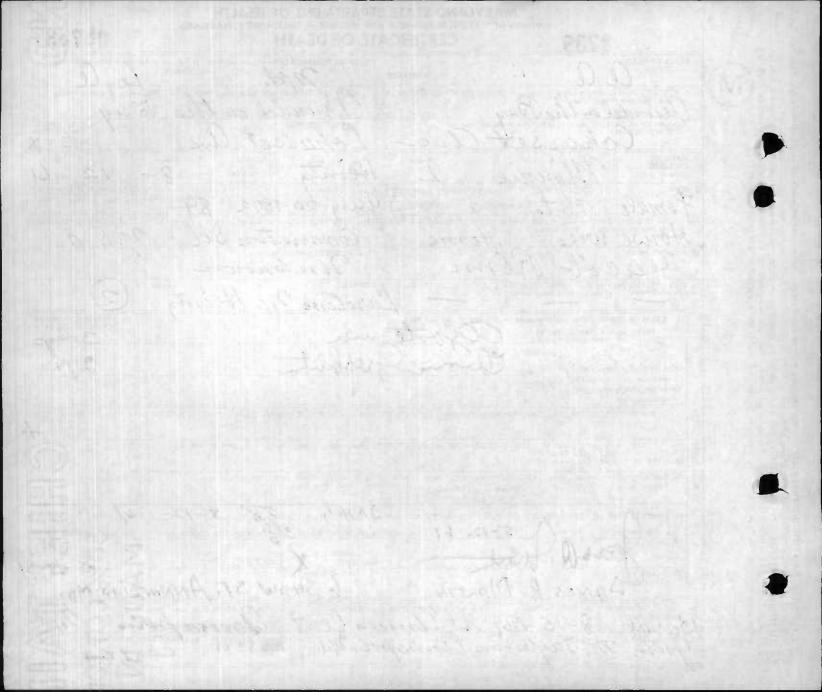
08733

	Calle					
	COUNTY Q Q	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If inst b. COUR		ore admission)
ь	C. CTIY OR TOWN (If outside corporate limits, write c. LEN RUSAL and give nearest town). RUSAL on the Plus	IGTH OF STAY IN 16	c. City OR TOWAL (IF	outside corporate limits, wri	te RURAL and give ne	earest town)
_(R. NAME OF HOSPITAL (If pot in hospitol, give street oddress) OR INSTITUTION	Tue 1	datreet address	et ave	· very	e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED Type or print) Type or print)	Middle	Heints	4. DATE OF DEATH	Month D	Yeor 1961
s. s	Ex 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED W	NEVER MARRIED	guly 20-	1003 (11)	ors IF UNDER 1 YEAR (by) Months Doys (yrs.	R IF UNDER 24 HRS Hours Min.
0a.	USUAL OCCUPATION (Give kind of work done 10b. KIND of during most of working life, even if retired)	OF BUSINESS OR INDL	TRY 11 ARTHPLACE (Stote	ton Ill	21. S	H .
3.	FATHERS NAME GACOL Pins	2	14. MOTHER'S MAIDEN	nown		April 10
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (16. og/unknown) (If yes, give war or dates of service)	SECURITY NO. 17.	aroline	n. Heint	Address 2	
	18. CAUSE OF DEATH [Enter only one couse per line for (see PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	p), (b), and (c).	ma	1	INT	TERVAL BETWEEN ISET AND DEATH
	Conditions, if ony, which) (b)	one	rephiti			274°
	gove rise to immediate couse (a), stating the under-lying couse last.					
CATION	Part II. OTHER SIGNIFICANT CONDITIONS <u>CONTRI</u>	BUTING TO DEATH BU	T NOT RELATED TO THE TERA	MINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO.
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRI	ED. (Enter nature of injury in	Port 1 or Port II of item 1B.		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Control While Not work of the or work of the control of the c	ot while fo	ACE OF INJURY (Home, for octory, street, office bldg., et	m, 20f. (City or town)	(County	(Stote
Z.	21. I certify that (I) (this haspital) attended the saw the deceased alive an X-12.1		death accurred at 3	417		hat (I) (we) las
	220. SIGNATUR	- Condition	ATTENDING A	AED. STAFF PHYS.	and an me dan	22b. DATE SIGNED
	PARES R. MAR	TIN	22d. ADDRESS SITI	WST. AN	INAPOLIS	, Mn.
230.	BURIAL CREMATION, 23b. DATE THEREOF 23c. P DEMOVAL (Specify) 8-15-1961	AME OF COMETERY OF	or CREMATORY LES CEMT.	23d OCATION (City, town	poles	Meld
24.	John M. Taylor Sun A	Umop	olis Md. 250. RE	AY REGISTRAR 256.	EGISTRAR'S SIGNATU Carling 2 Kn	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs ofter deoth. Page 4 may be received by the hospital of opending physician.

TO FUNERA PRECTOR: After this difficate has been signed by the attending physician and complexity filled in the funeral director, page 3 showld be detached for upones, the burial-transit permit. Then please remove carbon papers, gas 1 and 2 shauld be filled with the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59



4			è.	1
9	J Pla		otio	
Jeas	sha	7.	crem	
ry.	de 4	,	iol	/
esso	9		nq c	
s nec	ctar.		Sr Pc	1
lay i	P	F	ğ	
y de	erol	AUD	Bistro	
fan	e fur	3	9	
Ä.	ta th	ner	中	1
deal	d 3	refoi	2 wi	
offer	an,	pe	pup	
Urs	1,2	may	2	
24 ho	ages	ge 5	pog	
hin 2	ive	20	File	
d wit	0	PM3	mit.	
cutec	m 18	arm	per t	
exe	n Ite	ith f	ansi	
d be	ici i	W Bu	iol-t	
hauf	n per	ola	por	
ale s		ffice	as	
rtific	ndin	0 %	used	
is cel	. be	nine	a pe	
t: Th	word	ō	š	
INE	they	Jicc,	3	-
KAM	ting	Med	Pag	
IL EX	, wri	hief	OR:	
DIC	cate	the (RECI	
ME	415	0	2	-
The	the	Dr.	JERY	DAOE
DE	onte !	OFW	5	Tr re
5 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	9	***	10	0
VS	. A	15A	AE(5)
	5M	9/	55	

				STATE DEPAR							Dist. No	. () b	3734
1.	PLACE OF DEATH a. COUNTY						IDENCE (V	/here decea	ed lived. If Institu	ution: Resi			
	Ar	nne Arumdel		MARY	LAND	a. STATE	Mary	land	b. COUNT	Ann	e Ar	unde:	1
	b. CITY OR TOWN and give necrost too Annap		RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR		outside cor	porote limits, write	RURAL o	nd give r	nearest ta	wn)
•		TAL OR INSTITUTION (I			\$)	d. STREET A	ADDRESS					ON	ESIDENCE A FARM?
_		ne Arundel G				-		e Farn	1			YES	NO 🗆
	NAME OF DECEASED (Type or print)	DAVI		MICHAEL H	HITT:	Lost LE		4. DATE OF DEATH	AUG	h UST	Day 5		rear 19 61
5. 5	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	N 8.	DATE OF BIRTH			9. AGE (In years	IF UND	R TYEAR		ER 24 HRS
	Male	White	WIDOWE	D DIVORCED		Dec. 11.	195	7	last birthday) 3 yrs.	Months	Days	Hours	Min.
00	USUAL OCCUPAT	ION (Give kind of work of	one 10b. 1	CIND OF BUS!NESS OR					ountry)	12. C	ITIZEN O	F WHAT	COUNTRY
(None None	ION (Give kind of work of ing life, even if retired)		None		Anna	nolis	s, Mar	valend	TI	SA		
_	FATHER'S NAME					14. MOTHER'S	N P C Z		ywana	1 01	<u> </u>		
	Pa	ul A. Hittl	е			Doro	thy (2076					
		VER IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. IN	FORMANT	011,7	3010	Address				
Tet	no, or unknown)	If yes, give war or dates of s	ervice)	none	Mr	. Paul A	A Hi-	ttle -	Father-	591	me a	0.	
	Conditions, if gove rise to imme (o), stoting the couse lost.	underlying DUE TO		AGCIDENT						,			
CALICA		THER SIGNIFICANT CONE	oitions <u>co</u>	ONTRIBUTING TO DEATH	1 BUT N	OT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PA		P. WAS PERFO YES [AUTOPSY ORMED? NO 2
CERTIFICATION	20g. EXTERNAL CAPRIMARY OF CC CAUSE OF DEATH			ed in pond			jury in Part	I or Part II	of item 18.)				
MEDICAL	20c. TIME OF INJU	IRY Month, Day, Yea	20d. I	NJURY OCCURRED 20	e. PLAC	e of injury (Fry, street, affice on far	pidd., etc.	l i	or town) brills.		ounty)		(State)
2		hat I took charge							spection M.				
	death resulted		1	Accident V			. ,	_				DATE S	
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Floor C. Liv	10	us f		ASSISTAN	NT MEDICA	AMINER L EXAMINE XAMINER	**	A = = ====	. 4 . 4		4-
220		Elmer G. Li	nhard	22c. NAME OF CEMETE	RY OF				TION (City, town,	Augus		196	
)	Burial Specific	August 7		Our Lady				Owens	ville. M	arvl	and_		,
his	FUNERAL DIRECTO	1 9711	1d-	ADDRESS				9 8Y REGIST	RAR 246. REGI	STRAR'S S	IGNATU		
H	opping Fu	neral Home	Ann	apolis. Mar	77797	b	DATE	AUG 8	'61	Telling	8. to	mod	

THE BUEDY A	former, entry
	e committe de división de la committe de la committ
	7
	r
100 110	
, ±	

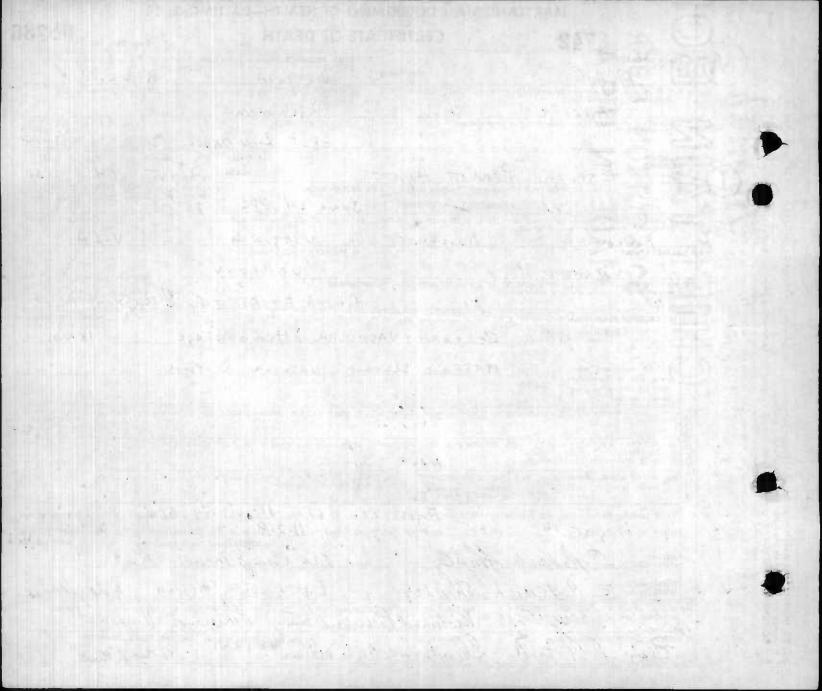
Division of STATISTICAL RESEAR ECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) director. Page a. COUNTY Health. b. COUNTY annea MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ŏ write RURAL and give nearest town) NN APOLIS

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar e. IS RESIDENCE ON A FARM? State 1105P. YES NO ID NAME OF DATE Yanı DECEASED OF the (Type or print) DEATH in pencil in Item 18. Give Pages 1, 2, and 35 th in pencil in Item 18. Give Pages 1, 2, and 35 th in 50 th in 18. Give Pages 1 and 2 with the ourial-ransit permit. File pages 1 and 2 with the ourial-ransit permit. File pages 1 and 2 with the ourial-ransit permit. 19 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Min. WIDOWED DIVORCED 24 hours after 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages I and done during most of working life, even if retired) FOREMA

13. FATHER'S NAME E 14. MOTHER'S MAIDEN NAME This certificate should be executed within ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyasgive war or datas of servica) 163 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** removal Conditions, if any, which (b) "pending" gava rise to immediate cause the word "pending" Medical Examiner's 103 DUE TO (a), stating the underlying BS or cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 NO A should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enlar nature of injury in Part II or Part II of item 18.) PRIMARY IT or CONTRIBUTING IT burial, CAUSE OF DEATH. MEDICAL forwarded to the Case 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm,) Month, Day, Year 20f. (Clty or town) (County) (Slala) While Not While factory, street, office bldg., etc.) Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry and in my opinion agent, death resulted from: Natural causes 4 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER pinous NAME (Typa) 4 should Address (Street, city, town, or county) DEPU 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) its REMOVAL (Specify) 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME DATE AUG 2 8 '61 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

三型(2)を大力を大力を表する。 CONTRACTOR OF THE PROPERTY OF TOTAL STREET COK LANDE MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

\$\frac{7}{2} \in \text{death}\$ death.

\$\frac{7}{2} \in \text{IN} \text{out} \text{ou

PLACE OF DEATH AUTHOR AU	DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICATION The statistical research and record	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1E OF DEATH 1 wk (18737
Anne Arunde I B. CITY OR TOWN (II outside corporate limits, write RURAL and give necess town) Anna Dolis d. NAME OF HOSPITAL OR INSTITUTION (II no In hespital), give street eddress) d. NAME OF HOSPITAL OR INSTITUTION (II no In hespital), give street eddress) d. NAME OF HOSPITAL OR INSTITUTION (II no In hespital), give street eddress) d. NAME OF HOSPITAL OR INSTITUTION (II no In hespital), give street eddress) d. NAME OF HOSPITAL OR INSTITUTION (II no In hespital), give street eddress) d. NAME OF HOSPITAL OR INSTITUTION (II no In hespital), give street eddress) d. STEET ADDRESS (In you or print) James S. SEX Male Mary Jand IVEY DEATH ON AGE IN very [I brokes I trial II brokes I br	1. PLACE OF DEATH	
b. CITY OR TOWN II outside compared limits, write RURAL and give neerest town with write RURAL and give neerest town and an analysis of the RURAL and give neerest town and analysis of the RURAL and give street and give and give town and and give the RURAL and give street and give and give town and give street and give and give town and give in RURAL and give street and give and give town and give with and give street and give and g	4 4 4 4	
Annapolis d. NAME OF HOSPITALO DE NSTITUTION (If not in hospital) vive street address) d. STREET ADDRESS		
d. NAME OF HÖSPITAL OR INSTITUTION (If not in hospital) give street address) Anne Arundel General Hospital 3. NAME OF DECRASED (1988 Park Ave., 1981 Park Ave.) 3. NAME OF DECRASED (1990 or pital) 3. NAME OF DECRASED (1990 or pital) 5. SEX 6. COLOR OR RACE [7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male White Wildows kind of work wildows with group of the state of the		c. CITTOR TO WIN (II outside corporate finitis, while KOKAL and give hearest lown)
Anne Arundel General Hospital 3. NARME OF DEATH DATE Month Day Year DEATH AND DEATH Man DE Who RE 17 MARRIED DE USUAL OCCUPATION Give hird work in the for the company of weekingshite, went it entire. The USUAL OCCUPATION Give hird work in the company of weekingshite, went it entire. The USUAL OCCUPATION Give hird work in the company of weekingshite, went it entire. The USUAL OCCUPATION Give hird work in the company of weekingshite, went it entire. The USUAL OCCUPATION Give hird work in the company of weekingshite, went it entire. The USUAL OCCUPATION Give hird work in the company of weekingshite, went it entire. The USUAL OCCUPATION Give hird work in the company of weekingshite, went it entire. The USUAL OCCUPATION Give hird work in the company of weekingshite, went it entire. The USUAL OCCUPATION Give hird work in the company of weekingshite, went it entire. The USUAL OCCUPATION Give hird work in the company of went in the comp		
Anne Arundel General Hospital Name of Park Ave. Dept First Dept	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	
3. NAME OF DECEASED (Type or print) James James James T. Joepan James Jam	Anne Arundel General Hospital	
Type or print) James	3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE In years F UNDER 14 FAR IF UNDER 24 HIS. Male White WIDOWED DIVORCED Sept. 26, 1882 88 / 97 / 97. 100. USING OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County State), or foreign country) 12. CHIZEN OF WHAT COUNTR 13. HATHEY SHAME 13. HATHEY SHAME 14. MOTHEYS MAIDEN NAME 14. MOTHEYS MAIDEN NAME 15. WAS DECLASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one cause part line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one cause part line for (a), (b), and (c). 19. WAS AUGUSTA 18. CAUSE OF DEATH Enter only one cause part line for (a), (b), and (c). 19. WAS AUGUSTA 18. CAUSE OF DEATH 18. CAUSE O	(Tune or print)	DESTU A
Display Disp	James /.	
D. LISJAL OCCUPATION (Give kind of work door work) 13. SATHER'S NAME 13. SATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECLASED EVER IN U.S. ARMED FORCES? (6. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c).) 19. PART II. OF HER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMANT 19. PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMANT 19. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMANT 200. TIME OF INJURY Month, Day, Year 19. HOLD SOCIAL SECURITY ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMANT 200. TIME OF INJURY Month, Day, Year 19. HOLD SOCIAL SECURITY ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMANT 200. TIME OF INJURY Month, Day, Year 19. HOLD SOCIAL SECURITY ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMANT 200. TIME OF INJURY Month, Day, Year 19. HOLD SOCIAL SECURITY ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMANT 200. TIME OF INJURY Month, Day, Year 200. DESCRIBE HOW INJURY OCCURRED 20. PLACE OF INJURY (Home, ferm. 201. (City or fown) (Swell) 21. I CERTIFY that (I) (DOCKNOSTICA) attended the deceased from JULY 28	S. COLOR OR RACE 7, MARRIED NEVER MARRIED	
Sample of weakingsitie, even it retired Save Continued Save Continue	Male White WIDOWED X DIVORCED	Sept. 26, 1882 78/77/ yrs.
13. **ATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 16. Address 16. A		RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTY
15. WAS DELASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 17. WAS DELASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOSY PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOSY DOR CONTRIBUTING CAUSE OF DEATH PROPRIED 20. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING CAUSE OF DEATH PROPRIED 20. THAT OF INJURY Month, Dey, Year 19. OR CONTRIBUTION CAUSE OF DEATH PROPRIED 19. OR CONTRIBUTION CAUSE OF DEATH PROPRIED 20. THAT OF INJURY Month, Dey, Year 20. INJURY OCCURRED PROPRIED 20. THAT OF INJURY Month, Dey, Year 20. INJURY OCCURRED PROPRIED 20. PLACE OF INJURY (Home, ferm, 201. (City or town) (County) (Siete) 21. I Certify that (1) (BECCORGIST) attended the deceased from JULY 28,, 19. OF Industry (Male 1) (Male 1) (Male 1) (Male 1) (Male 1) (Male 2) 20. FORTH OF INJURY MONTH CAUSE AND AUTOSY 21. I Certify that (1) (BECCORGIST) attended the deceased from JULY 28,, 19. OF Industry (Male 2) (Male 2) 22. PHYSICIAN'S NAME (Type) Dr. Maurice Klawans 22. PHYSICIAN'S NAME (Type) Dr. Maurice Klawans 22. PHYSICIAN'S NAME (Type) Dr. Maurice Klawans 23. SOUTH AND AUTOSY 24. FUNDRIAL CREMATION, 235. DATE THEREOF PROPRIED 24. FUNDRIAL CREMATION, 235. DATE THEREOF PROPRIED 24. FUNDRIAL CREMATION, 235. DATE THEREOF PROPRIED 25. RECORD TO SECURATE 255 RECORD TO SECUR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mamrland
15. WAS DECEASED EVER IN U.S. ARRED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (1994, no., or unknown) (1994 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1994, no., or unknown) (1994 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1994, no., or unknown) (1994 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1994 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or delegas feareries) (16. SOCIAL SECURITY NO. 17. INFORMANT (1894 givener or		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Tex., no, or unknown) (Ifyes give were delecefservice) 18. CAUSE OF DEATH [Enter only one ceuse par line for (e), (b), end (c).] 19. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if arry, which geve rise to immediate ceuse (e), stelling the underlying ceuse lest. (c) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART III. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART III. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART III. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART III. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART III. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART III. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART III. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART III. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART III. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART III. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III.) PART	MI	
Test, no, or unknown (If yes give were detest of service) It can be compared to the conditions, if any, which give rise to immediate cause (e), steling the underlying (c) course lest. OULT OUT OF THE SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES No X	momas ever	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stefing the underlying cause leat. PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite) PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite) PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite) PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite) PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite) PART II. OTHER SIGNIFICANT, CAUSE OF DEATH WAS AUTOPSY PERFORMED? YES NO DOR CONTRIBUTING TO ADMINISTRY OF PORT IT OF PART ITE O		INFORMANT O Address
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate ceuse (e), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITE) PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITE) PART III. OTHER SIGNIFICANT CONTRIBUTION COURSED PART III. OTHER SIGNIFICANT COURSE CONTRIBUTION COURSED PART III. OTHER SIGNIFICANT COURSE CONTRIBUTION COURSED PART III. OTHER SIGNIFICANT COURSED PART III. OTHER SI		telen J. Olllo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUGE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTING TO CAUGE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTING TO CAUGE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTING TO CAUGE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTING TO CAUGE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTING TO CAUGE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTING TO CAUGE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART III. OTHER SIGNIFICANT CONTRIBUTION GIVEN	1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	
Conditions, if any, which geve rise to immediate ceuse (e), stefing the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20c. ACCIDENT WAS UNDERLYING DOBBLE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20c. ACCIDENT WAS UNDERLYING DOBBLE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20c. NIRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20c. NIRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20c. NIRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20c. NIRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20c. NIRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20c. NIRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20c. NIRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20c. NIRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20c. NIRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20c. NIRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 20c. NIRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III 20c. NIRIBUTING CAUSE OF DEATH	PART I. DEATH WAS CAUSED BY:	I have the
Conditions, if any, which gave rise to immediate ceuse (e), steling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. ACCIDENT WAS UNDERLYING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Dey, Yeer While of work of electory, street, office bldg., etc.) 20e. TIME OF INJURY Month, Dey, Yeer work of work of electory, street, office bldg., etc.) 21. I certify that (I) (DEXAMBLED AUGUST) attended the deceased from JULY 28		of the state of th
gever rise to immediate ceuse (c), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO IX DESCRIBED		in a fin Illian i
(e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert) or Pert II of item 1B.) 20c. TIME OF INJURY Medical Examiners in 19 et work et work fectory, street, office bldg., etc.) 21. I certify that (I) (DIXXDIASDER) attended the deceased from July 28 p.m., 19.01 to Aug. 1		over an un auscas
Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? PERFOR	ALIE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? 2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Perf) or Perf II of 1/km 18.) 20b. ACCIDENT WAS UNDERLYING 20c. CONTRIBUTING CAUSE OF DEATH [If EITHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Dey, Year Hour e.m., 19		
206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Perly or Pert II of item 18.) 20c. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP
20. ACCIDENT WAS UNDERLYING	E Completaristage & Durke	T COLLEGE PERFORMED
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m., p.m. 20c. TIME OF INJURY Month, Dey, Yeer While Hour e.m., p.m. 20c. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) While Not While et work fectory, street, office bldg., etc.) 21. I certify that (I) (DOCKNESCA) attended the deceased from July 28, 19.01 to Aug. 1,, 19.01 that (I) (ASS) lass we the deceased alive on Aug. 1,, 19.01, and that death occurred at	3 a sport thank tonung, a	The second of th
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m., p.m. 20c. TIME OF INJURY Month, Dey, Yeer While Hour e.m., p.m. 20c. TIME OF INJURY Month, Dey, Yeer While Hour e.m., p.m. 20c. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) While Not While et work fectory, street, office bldg., etc.) 21. I certify that (I) (DXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pertyl or Pert II of item 18.)
21. I certify that (I) (DECOMBINE) attended the deceased from July 28,, 19.61, to Aug. 1,, 19.61, that (I) (AS) las saw the deceased alive on Aug. 1,, 1961, and that death occured at	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21. I certify that (I) (DECEMBERA) attended the deceased from July 28,, 19.61, to Aug. 1,, 19.61, that (I) (AS) last saw the deceased alive on Aug. 1,, 1961, and that death occured at	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL	
21. I certify that (I) (DECEMBERA) attended the deceased from July 28, 19.61 to Aug. 1, 19.64 that (I) (AS) las saw the deceased alive on Aug. 1, 1961, and that death occured at M, from the causes and on the date stated above 22e. Physician's NAME (Type) Dr. Maurice Klawans 22d. ADDRESS 22d. ADDRESS 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. DATE THEREOF PROVAL (Specify) 23d. LOCATION (City, town or county) 23d. LOCATION (City, town or county) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ANDRESS ADDRESS ADDRESS	Hour e.m. While Not While	ctory, street, office bldg., etc.)
saw the deceased alive onAug. 1, 1961, and that death occurred atM, from the causes and on the date stated above 22e. PHYSICIAN'S NAME (Type) Dr. Maurice Klawans 22c. PHYSICIAN'S NAME (Type) Dr. Maurice Klawans 22d. ADDRESS 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE		
22c. PHYSICIAN'S NAME (Type) Dr. Maurice Klawans 22d. Address 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. Date thereof Phys. 22d. Address 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. Date thereof Phys. 22d. Address 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. Date thereof Phys. 22d. Address 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. Date thereof Phys. 22d. Address 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. Date thereof Phys. 22d. Address 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. Date thereof Phys. 22d. Address 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. Date thereof Phys. 22d. Address 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. Date thereof Phys. 22d. Address 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. Date thereof Phys. 22d. Address 2		
22e. PHYSICIAN'S NAME (Type) Dr. Maurice Klawans 22d. ADDRESS 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. DATE THEREOF PHYSICIAN'S NAME (Type) Dr. Maurice Klawans 23e. BURIAL, CREMATION, 23b. DATE THEREOF PHYSICIAN'S NAME OF CEMETERY OR CREMATORY PHYSICIAN'S NAME (Type) Dr. Maurice Klawans 23e. BURIAL, CREMATION, 23b. DATE THEREOF PHYSICIAN'S NAME OF CEMETERY OR CREMATORY PHYSICIAN'	saw the deceased alive on Aug. 1, 1961, and the	at death occured atM, from the causes and on the date stated about
22c. PHYSICIAN'S NAME (Type) Dr. Maurice Klawans 22d. ADDRESS 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. 22d. ADDRESS 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. 22d. ADDRESS 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. 22d. ADDRESS 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. 22d. ADDRESS 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, City, town or county) PROVAL (Specify) PHYS. 22d. ADDRESS 22d. ADDRESS 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION (City, town or county) PROVAL (Specify) PHYS. 22d. ADDRESS 22d. ADDRESS 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION (City, town or county) PROVAL (Specify) PHYS. 22d. ADDRESS 22d. A		3:20 P.M. 22b. DA
22c. PHYSICIAN'S NAME (Type) Dr. Maurice Klawans 22d. ADDRESS 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. DATE THEREOF TOMOVAL (Specify) 8-4-1962 Cecles Bluff Cont 24-EUNERAL DIRECTOR'S SIGNATURE 24-EUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b/ REGISTRAR'S SIGNATURE 24-EUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b/ REGISTRAR'S SIGNATURE	1 1 amuel OK Amaroms	DINES DIRECTOR DINES
NAME (Type) Dr. Maurice Klawans 31 Southgate Ave., Annapolis, Md. 23e. BURIAL, CREMATION, 23b. DATE THEREOF TOMOVAL (Specify) 8-4-1962 Celler Bluff Cont 24-EUNERAL DIRECTOR'S SIGNATURE ADDRESS A		m.b.
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) TREMOVAL (Specify) 8-4-1962 Cecles Bluffent Smappeles 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS POLICY MARKET 25b. REGISTRAR'S SIGNATURE WHEN THE TOTAL COUNTY AND ADDRESS POLICY MARKET 25b. REGISTRAR'S SIGNATURE AND ADDRESS POLICY MARKET 25b. REGISTRAR'S SIGNATURE	111115 /7 1	
TOMOVAL (Specify) 8-4-1962 Cecles Bluf Cont Amapolio Md 24 FUNERAL DIRECTOR'S SIGNATURE CONSTRUCT CONSTRUC		
24 EUNERAL DIRECTOR'S SIGNATURE COM DULY COM 250. REC'D BY REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE		OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
John M. Leigher Lino Christopolis Mill 1961	18 4-1962 Verlan 131	ull Cont Umabolio Ma
	24 EUNERAL DIRECTOR'S SIGNATURE	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
DATE AUG OF CALLEY & Kenne	John M. Leyla was Chromapole	144 DAY 8110 7 101
		DATE AUG / OI Children S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

Lemmar one And the staff of the country of the staff of The state of the s 17 11 A Level T Road By Say - Deglar a (I) Dieser was deren West Word Cons Mederal Office The state of the s 10 - 1, 3.1 0915 bearing action .95 . Di atilbache . se sussie It Burne . 8. Freit Leder Blog Cont - Ware of was the stage for the property that the said of the said

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Anne Arundel Baltimore City by the and 2 seedeath. MARYLAND Maryland c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Baltimore Crownsville <u>_</u> llmos. 13 days d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 1400 McCulloh Street Crownsville State Hospital YES NO leteh executed NAME OF Middle Month Year OF DECEASED 8 6 1961 (Type or print) Jackson DEATH Edmund 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Male Negro an Car WIDOWED [DIVORCED October 1. 1925 physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) Maryland H.S.A. None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please death affending William Jackson Rebecca ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yas, no, or unkown) | (If yes giva war or datas of servica) removal Hospital Records Unknown the permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: Pulmonary Hemorrhage signed IMMEDIATE CAUSE (a) DUE TO Pulmonary TBo Conditions, if any, which peen gava risa to immediate cause DUE TO (a), stating the underlying cause last the his PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY ATION PERFORMED? Se o Mongolism NO T use 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. DIRECTOR: A While - HOT WITTE at work at work 8/23 19.37 to 8/6, 19.61, that (I) (we) last that (I) (this hospital) attended the deceased from..... .., and that death occured at. 7.1.25, from the causes and on the date stated above. 19.61 22b. DATE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHY HCIAN'S NAME (Type) Crownsville State Hospital, Maryland Lionel McHenry ă death. P.
TO FUNE.
director, p.
be filed w 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Md. Mt. Auburn Cem Baltimore, 8-9-61 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Krang DATEAUG 1 0 '61 15M 9/60 Hidde

MARYLAND STATE DEPARTMENT OF HEALTH

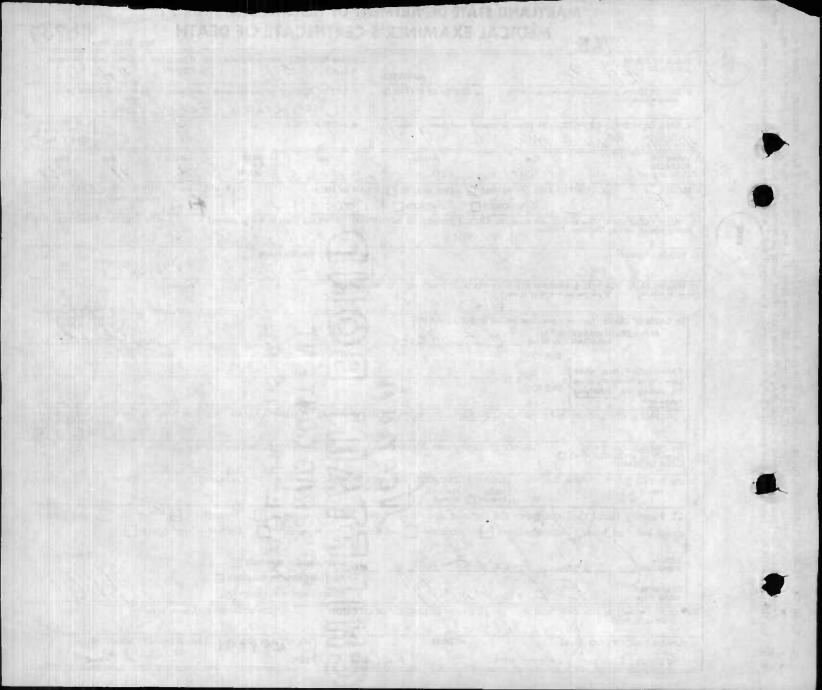
WALL SHOWER DIES. P) years excel/Ind . affilyanword Croquerille state Hospital Banaba organi elshi detaber 1, 1925 an Lyards some. T someoff nominat mattir abaccell firegol Page af at the Pellomenty liousurings old waterpaint IND A TOTAL OF 10 0 0 8 Indiana Molegrey Man, M. D. Commercial atata Mospital, Muryland Burini 8-9-61 Mt. Loburn Com Bullinore.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian 4 should 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) 16 PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND buriol, c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If posside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN III outside corporate limits, write RURAL and give nearest town) or. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS .≥ delay ō NAME OF Middle 4. DATE Funeral DECEASED DEATH (Type or print) 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) WIDOWED [DIVORCED Yrs. death. 0 retai 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 3 and ofter pe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File Give PM3. 18. CAUSE OF DEATH Enter only one cause per line for (d), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) buriol-tronsit DUE TO Canditians, if ony, which (b) gove rise to immediate cause along **DUE TO** (o), stating the underlying cause lost Office PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 00 used 20g. EXTERNAL CAUSE WAS PRIMARY | gr CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) **EXAMINER:** This P 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) While Not while writing the hief Medico OR: Poge 3 o. m. 19 at wark at work p. m. 21. I certify that took charge of the remains described above, held an Autapsy ... Inspection Chief o the Chier of DIRECTOR: F Suicide | Undetermined cause daterat-Accident Hamicide . MEDICAL ACTUAL CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER O DEPUTY EXAMINER'S DEPUTY MEDICAL EXAMINER cute the FUNE NAME (Type) farwor 220. BURIAL, GREMATION, 22b. DATE THEREOF 22d DOCATION (City, town, or county 22c. NAME OF CEMETERY OR CREMATORY 0 24a. REE'B ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE arthur & Kraue VS. A15ME(5) DATE

MARYLAND STATE DEPARTMENT OF THOSE

5M 9/55

Reg. Dist. No. e. IS RESIDENCE ON A FARM? YES NO Month Doy Year 1961 IF UNDER TYPAR IF UNDER 24 HRS. Months Days Hours Min. E 12. CITIZEN OF WHAT COUNTRY? INTENAL BETWEEN PERFORMED? YES T (County) (Stole) Inquiry and find that DATE MGNED (State)



director. Page or your files. a retained for ye the State Board death. MEDICAL EXALTINGER: This certificate should be executed within 24 hours after death. If please exacute the certificate, while the word "pending" in pencil in Item 18. Give Pages 1, 2, and the should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be to PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the or its designated agent, prior to burial, cremation, or removal, and in any penny titin 72 hours after

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF BEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

() 874()

PLACE OF DEA	TH TH	Film	6293 0/29/5	2. USUAL RESIDE	NCE (Where de			sidence before	edmission)
Anne Ar	undol		MARYLAND	a. STATE Same		b. COUN		A A	
	(if outside corporate lim	ite	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	I III outride corne	arata limite weit		give pearast to	wa!
	nd give neerest town)	113,			1	ordio ilinina, with	, ROM LE GING		,
Laure			6 years	X Same					
d. NAME OF HOS	PITAL OR INSTITUTION	(if not in hos	pital, give street address)	d. STREET ADDRESS	S				RESIDENCE
Children	n's Center			Same					NO T
. NAME OF	First	1	Middle	Last	4. DATE	Mont	1	Dey Ye	16
(Type or print)	Earl Wi				OF DEATH	August			61
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 3	B. DATE OF BIRTH	9.	AGE (In years last birthday)		evs Hours	R 24 HRS.
M	C	WIDOWE	D DIVORCED	17/25/96		6/ ym.	Months	eys Hours	min.
a. USUAL OCCUPA	ATION (Giva kind of wor	k 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stat	ta or foreign cou	ntry)	12. CITIZ	EN OF WHAT	COUNTRY
	working life, even if retire		71 k		9 97			TOM 6	
Counsel	or at Chile	aren's	Center.	Richmoand				USA	
I FAIRER 3 NAME				14. MOINER S MAIDE	HAME			1 34	
Moses	A. Johnson			Laura Ha	arris_			•	
S. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
		service)	1	most on Done	alab Tal	naan 12	rother	1	1
	DEATH [Enter only on	e cause per l		reston Rando	OTDU JO	mson (t	n.oruer.	I INTERVAL B	FTWEEN
	ATH WAS CAUSED BY		101 (0)1 (0)1 0					ONSET AND	
174611.027	IMMEDIATE CAUSE (a)	Cor	onary Occlusio	n				Sudder	2
1420.	/ DUE TO								
Conditions, if a	ny, which) (b)								
gave rise to imme	ediate cause								
(a), stating the	undarlying DUE TO)							
cause last.) (c)								
PART II. OTH	IER SIGNIFICANT COND	ITIONS CON	ITRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1	1(a) 19. WAS	AUTOPSY FORMED?
								YES 🗍	NO -
20e. EXTERNAL PRIMARY Or CAUSE OF DEAT	CAUSE WAS	20b. DESCR	IBE HOW INJURY OCCURED.	Entar nature of injury In P	art I or Part II of	itam 1B.)			2000
PRIMARY OF CAUSE OF DEAT	CONTRIBUTING								
			nitring and indicate the Di	OF OF BUILDY (II	1 001 101		10		100 . 3
20c. TIME OF IN		ear 20d. While		ACE OF INJURY (Home, fe tory, street, office bldg., e		or town)	(Coun	fy)	(Steta)
p.m		at wor							
		of the rem	nains described above, he	eld an Autopsy .	Inspection	T Inqui	ry 📆	and in my	opinion
				ide , Homicide	_	determined n	22222		
death resulted	from: Natural c	auses X	, Accident [], Suic		_		Politice		
	D. L.	N/D	1 \ _ 1	CHIEF MEDICA	L EXAMINER	3/-	01/2		
ACTUAL SIGNATURE	Gustare ?	11-1-	cherton	M.D. ASSISTANT MI	EDICAL EXAMIN	ER 8/1	19/61	DATE SI	GNED
					AL EXAMINER	XI .			
EXAMINER'S NAME (Type)	0. 1	777 7	.t. 7.5 Ti	Address (Street	t, city, town, or a	county)	Hen Bu	rnie .ll	d.
2a. BURIAL. CREMAT	TION, 226. DATE THER	EOF 211	22c. NAME OF CEMETERY O	R CREMATORY		ION (City, town			ate)
REMOVAL (Speci									ALC: U
Burial	18/23/61		Woodland Cemet	A STATE OF THE STA		chmond,			
23. FUNERAL DIRECT	TOR		ADDRESS #	248. R	EC'D BY REGISTI	RAR 246. REC	SISTRAR'S SIG	SNATURE	
m. E.	arvis c.	14	32-70m M	. I W DATE!	JG 2 4 '61	0	Chun S. H		
1. (0.0	7-0-			, DAIR	7401	1 000	A L		

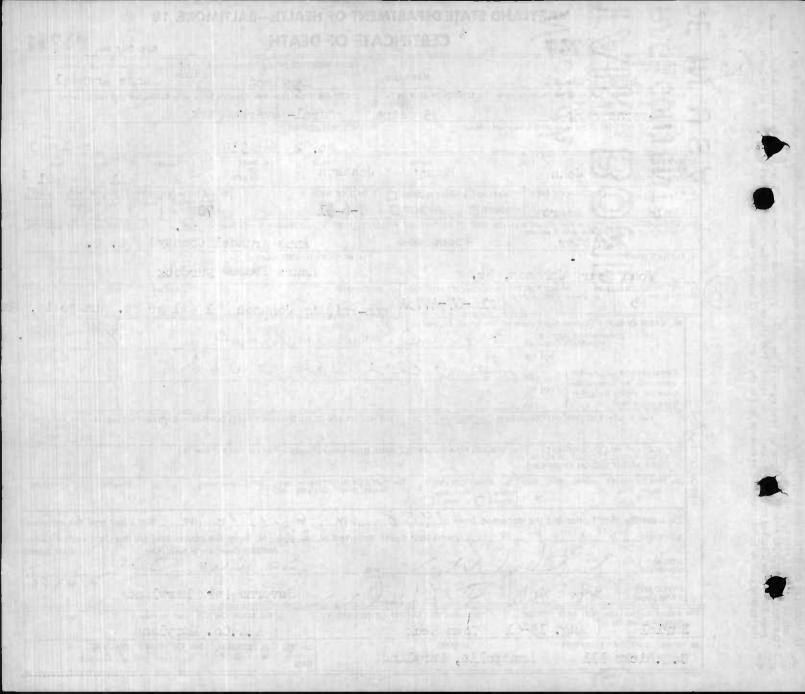
THE RESERVED

15M 10/57

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission b. COUNTY Anne Arundel c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Manth 1961 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last hirthday) Manths Days Hours 12. CITIZEN OF WHAT COUNTRY? Anne Arundel County U. S. Laura Brown* Murdock Address Gilmer St. Annapolis, Md INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \ NO \ (County) (State) ___,that I last saw the deceased and that death accurred at 2/A.M., from the causes and an therefate stated above ADDRESS (Street, city or love state DATE SIGNED Severna Park Marvland 22d. LOCATION (City, tawn, ar caunty) (State) A.A.Co. Marvland 24b. REGISTRAR'S SIGNATURE Cirilmo S. Kraus C.E. Hicks 111 Annapolis, Maryland DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08741



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

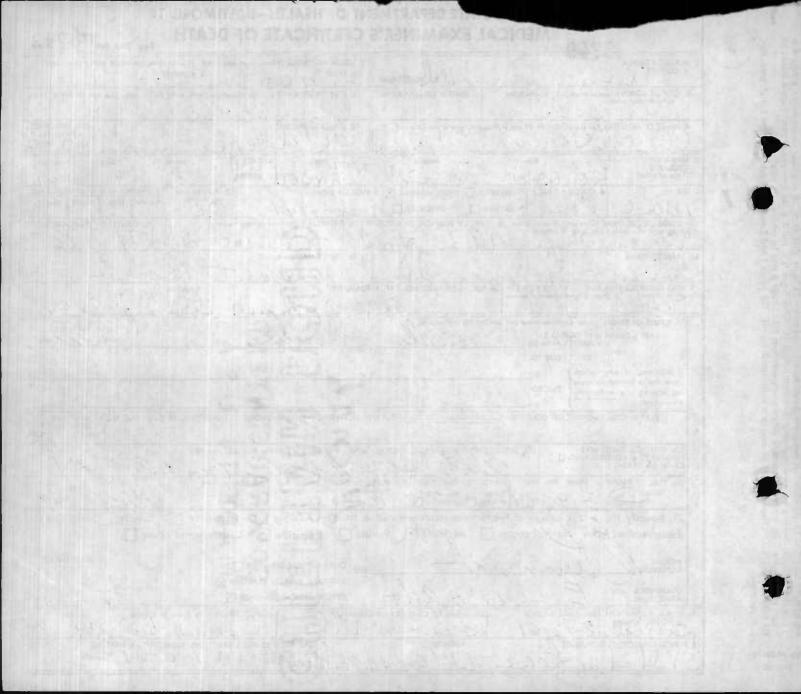
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH (18742)

1. PLACE OF DEATH ARNE Arundel Co. MARYLA	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. STATE MARYLAND WASHINGTON
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) CROWNSVILLE 33 DAYS	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address CROWNSVILLE STATE HOSPITAL	d. STREET ADDRESS 3.6 N. JONATHAN ST. o. IS RESIDENCE ON A FARM? YES NO THE
3. NAME OF First Middle DECEASED (Type or print) LEILA	JOHNSON 4. DATE Month Dey Yeer OF DEATH 8 19 1961
5. SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 5/41888 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) UNEMPLOYED 10b. KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JIMMY JOHNSON	14. MOTHER'S MAIDEN NAME PHILLIS STEVENS
15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordelesofservice)	Dr. I. Turck, Crownsville STATEHOSPITAL
Conditions, if any, which geve rise to immediate cause	interval Between onset and Death
Couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?. YES NO CCURED. (Enter nature of injury in Pert I or Pert II of item 18.)
	Oe. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on	d that death occured a 6.230M, from the causes and on the date stated above. ATTENDING MED. DIRECTOR STAFF PHYS. 8/21/61
L. Benedict, M. D.	Crownsville State Hospital, Maryland AETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Augustown Met 25o. REGISTRAR'S SIGNATURE 25o. REGISTRAR'S SIGNATURE
John of Walson of Nagarthan	MOX DATE AUG 2 8 '61 Cultury J. Thomas

deal Association of the second CREWINGER DA DATE MARKONEDARIS CHEWMANNER STATE HOLPITAL SEE V. JOHN THAN ST. place 2 - Selection Romando Selection ADMI FRMALE INSERS 388 14/30 A Lite NOSTHIEL YMMIL All the forms dispussed the first the -Dissers inlifting fa crya ia rive Burnet The 24 17 18 Place Hell Endergree They rate one mer Total & marie of marie of marie of marie of

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where degraced lived. If institution; Residence before admission) o. COUNTY b. COUNTY O. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CHY, OR TOWN (If outside corporate limits, write RURAL and give nearest town) Nan d NAME OF HOSPITAL OR INSTITUTION (If not inflaspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 7 NAME OF 3. 4 DATE Middle de funeral Month Day Year DECEASED (Type or print) DEATH 1961 9. AGE (In years COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? -FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S/ARNED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse **DUE TO** (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | 20a. EXTERMAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b, DESCRIBE HOW INJURY OCCURRED Enter nature of injury in Port 1 or Part 11 of item 18.) **EXAMINER: This** 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City ar lawn) (Stote) factory, street, office bldg., etc.) While Not while 0. m. writing the hief Median OR: Page 3 of work of work 21. I certify that brack charge of the remains described above, held an Autopsy ... Inspection -Inquiry Accident X death resulted com: Matural causes Suicide Homicide | Undetermined cause MEDICAL ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22C-NAME OF CEMETERY OR CREMATORY 220 STRIAL, CREMATION, 226. DATE THEREOF 22d COCATION (City, town, or county) (State) REMOVAL (Specify 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SEGNATURE 24g. REC'D BY REGISTRAR VS. A15ME(5) DATE AUG 5M 9/55

DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 TOWN (If outside corporete limits, write RURAL end give neerest town) and give neerest town). NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) . IS RESIDENCE ON A FARM? YES NO NAME OF DATE Month DECEASED OF (Typa or print) DEATH luga 19 6. COLOR OR RACE 9. AGE (In years | 1970NDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours Min. WIDOWED X physician 10a. USUAL, OCCUPATION (Give kind of work 940 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retired) 14. MOZHER'S MAIDEN NAME 13. FATHER'S NAME please Then please .= 16. SOMAL SECURITY NO. L. 17. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: mouths IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to Immadiate ceuse DUE TO (a), stating the underlying cause lest. the buri PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY certificate S 0 PERFORMED? NO 2De. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from ... DIRECT 22b. DATE 22e. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. M.D. 22d_ADDRESS 22c. PHYSICIAN'S NAME (Type) NO death. filed . LOCATION (City, 23a. BURIAL, CREMATION | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) town or county) REMOVAL (Specify) OF · 등 중 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUMERAL DIRECTOR'S SIGNATURE AUG 21 VR A15 (4) arthur & three 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Thelen Me house I come 17 Tement W N State 9, 1990 70 HI THE SHARE SHEET BAS A decide to the second of the Care a Come of the start of the 19 TILS 19 ANT PE DE LE BETTE DE LA TORS STATE STATE THAT IS NOT THE W. HEVIL 4101 Comertain au Masin can

Pog		Jirec	pa	-
oth.		TO FUNER RECTOR: After this filicate has been signed by the attending physician and complex filled in the funeral direc	be fil	/
de		fune	JIG F	
offe		the	sho	
SUL	7	9	pu	
4 ho		. pa	0	
III 2		E.	ges	
3)
red		mple	pers	
xecu		oo p	00 (font
pe e		00	rbor	for a
ole		icior	e C0	200
rific		phys	mov	hour
h ce		- Bui	se re	77
deat		lend	plea	ithin
the		e of	nen i	an fue
hot		y th	=	970
res t		ed k	rmit	200
edu	·	sign	it pe	2
×	icio	een	ransi	c
e la	phys	os p	iol-ti	000
=	ing	te h	bur	ram
MA	tend	ifico	the	0
75	ar at		g	Philo
H	tolo	this	or u	mes
N N	dsor	After	ed f	70
N.	the !	B. /	tach	Pile
AT	by	CTC	e de	t to
Ö	be-6	186	q p	Dirio
A	reto	Į.	Shoe	tror
200	pe	NER	9	Police
Ĭ	moy	5	Bod	the r
T	10) L	LA	1
1	5 N	1 10	/5	7

			MA	ARYLA	AND	STATE DEPA	ARTM	ENT OF H	EALTH	-BAL	TIMORE,	18			
			39	751		CERT	IFIC	ATE OF D	EATH	1		Reg. Di	st. No.	118	745
	a. COI		NE ARUND	EL		MAR	YLAND	O. STATE	ARYLA		d lived. If institut b. COUNTY				on)
ł	b. CIT	RAL and give	(If outside carpor nearest tawn) NSVILLE	ote limits,	write	c. LENGTH OF STA	r IN 1b		OWN (If o		orate limits, write l				
	OK		PITAL (If nat in ho		street o	ddress)		d. STREET A	DDRESS					ON A	FARM?
1	3. NAME DECEA	OF ASED or print)	ED	First	557	Middl		Las		4. DATE OF	Ma		Day	y Y	ear
	5. SEX	or print)	6. COLOR OR	RACE 7	DELF	ERT KYLE ED NEVER MARR	-	B. DATE OF BIRTI	4	DEATH	9. AGE (In years	IF UNDER	1 YEAR		9 61
		/ale	White		IDOWE				1872	1979	last birthday)	Months	Days	Hours	Min.
	10a. USU	AL OCCUPAT	ION (Give kind o	f work dor		CIND OF BUSINESS	- 1			or foreign c	88 yrs.	12. CI	IIZEN O	F WHAT	COUNTRY
4	GOTH	ig most of we	Farmer	retired)	-	ruck farm		Oh					- 1		CODIVINI
		R'S NAME	I GI IIIOI			UCK TAIM		14. MOTHER'S	Mar. 201	NAME			US	9	
1		Wes	sley Lan	rere	Kv]	•		Ann	Pack	ard					
1	15. WAS (DECEASED EV	ER IN U. S. ARM	ED FORCE	\$7 16. 5	OCIAL SECURITY NO	D. 17. I	NFORMANT	1 4022	az u	Add	ress			
	n	10	no			nene	Mr	Frank D	. Kvl	e Jr-	Son- sar	18 85	# 2		
	Cor gav caus	PART I. DE	any, which immediate g the under-	D BY:	Azi	ter (a), (b), and (c) terlos	de	tateri	leav osc	t Pro	seaso sis		IC	3de	y S 3 ~ S
	CATION	PART II. O	THER SIGNIFICAN	IT CONDIT	IONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 15	PERFOR	MED?
	UF EI	THER, NOTIF	VAS UNDERLYING G CAUSE OF I Y MEDICAL EXAM	TEATH	b. DESC	RIBE HOW INJURY O									
		IME OF INJU Hour a.m. p. m.		y, Year 19	20d. IN While at work	URY OCCURRED Not while at work	20e. PL.	ACE OF INJURY () ctory, street, office	lome, farm bldg., etc.	, 20f. (City	or tawn)	((County)		(State)
	alive	e on AU	that I attende 9 26 Anne	d the de	196 Mer		death	occurred of M.D.	3:50	P.M. from		and on t		e state	
		ICIAN'S IE (Type)	Edward (. Sk	erri	tt MD		Gar	nbril	ls, Ma	ryland		Aug.	28.	1961
		AL, CREMATI	ON, 22b. DATE	THEREOF		22c. NAME OF CEM				22d. LOCAT	ION (City, tawn,	or county)		(State)	
	-		The second second	1	,61		Mem	orial Ce			ersville		vlar	7	
1	12		R'S SIGNATURE		The	ADDRESS				BY REGIST	RAR 24b. REGI	STRAR'S SIC	SNATUR	E	
1	110	bbrug	Funeral	Home	Ar	mapolis,	Md .		DATESEP	1 '61	Cui	hur S.	Trava		

				_	
				•	
	89	5781 , M. 10			r
		0.40	must stamp in		
		Fryadoa'l imi	lend end e	realme wels	
	ba enou - ro		7.0	00	ro
x					
c					
			1 6/4 km 22		
			1 6/4 km 22		
			1 6/4 km 22		
			†		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08746

		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before pomission) b. COUNTY HONE ARUNDEL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before pomission) b. COUNTY HONE HRUNDE
		c. CITY OR TOWN (If autside carporate limits, write PURAL and give nearest town) CONTY OR TOWN (If autside carporate limits, write RURAL and give nearest town) CONTY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	c	d. NAME OF HOSPITAL (If not is pospital, give street address) or INSTITUTION 53 Cohhage AVE d. STREET ADDRESS d. STREET ADDRESS ON A FARM? YES NO. 82
	(NAME OF DECEASED Type or print) Lotte Middle LEE ADATE OF DEATH Day Year 1961
	S. S	WIDOWED DIVORCED 4-4-1884 last birthday) yrs. Manths Days Haurs Min.
ď	F	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) HOME MARY LAND 12. CITIZEN OF WHAT COUNTRY?
	K	ALFRED OWEN BAKER CHARLOTTE BRUEN
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT EDWARD LEE 2
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO DUE TO Conditions of the control of the
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO [W]} \)
		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 20d. INJURY OCCURRED While Nat while at wark
		21. 1 certify that (I) (this hospital) attended the deceased from. 8/29. 196/, to 8/30. 196/, that (I) (we) last sow the deceased olive on 8/29. 196/, and that death accurred at A.M., from the causes and on the date stoted abave. 220. SICHATURE ATTENDING PHYS. DIRECTOR D
		22c. PHYSICIAN'S NAME (Type) Lard I. Hochman, M.D. 100 (Hedral St., Annapolis, rud
	P	BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. JOHNSTON (City, town, or county) PEMOVAL (Specify) 9-1-61 ST. HNNES HNN APOLIS ND.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS LINCOPOLS M. DATE 250. REGISTRAR'S SIGNATURE DATE
	;	1 5 61 Arthur S. Kraul

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 the funeral directar, should be filed with ificate has been signed by the attending physician and comple the burial-transit permit. Then please remove carberr papers page 3 should be detached for the State Board of Health prior TO HOSPITAL may be r VR A1S (4) 15M 9/S9

MELECO POSA ELECTROS NECESAR DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COMPA To all the second of the secon

FOR STATE HEALTH DEPT y is necessary, director. Page of for your files. se retained to the State 8 please execute MEDICAL EXAMER: This certificate should be executed within 24 hours after death. If any of please execute the certificate, which the word "pending" in pencil in Item 18. Give Pages 1, 2, and pet two two deaths and the form with form PM3. Page 5 ms.—re retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any evant within 72 hours after death.

> VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
8753 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If Institution e. STATE b. COUNTY	Residence before edmission)
Anna Amindal MARYLAND		del
Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Anne Arur c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest lown)
write RURAL and give nearest town)		
Annapolis	Annapolis	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	a. STREEF ADDRESS	IS RESIDENCE ON A FARM?
Chase Home	22 Maryland Ave.	YES NO W
		Day Yaar
DECEASED MARGARIIA BLIGHI	SULUR	
(Type or print) - Marguerite	Le Sour DEATH 8	18 1961
	B. DATE OF BIRTH 9. AGE (In years IF UNDER	
	last birthdey) Months	Days Hours Min.
Female White WIDOWED X DIVORCED	3-4-1875 86 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. C	CITIZEN OF WHAT COUNTRY?
Nurse R.N. Ret.	Chile, S.A.	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Na Callat		
Daniel Varjus	Cynthia Hines	
	INFORMANT - Address	
(Yes, no, or unkown) (Ifyasgivewerordetesofservica)	Benjimon W Le Sueier	(2)
1 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	erginan " 4"	I INTERVAL BETWEEN
BARTA BEATH WAS CAUSED BY	U	ONSET AND DEATH
IMMEDIATE CAUSE (a) Asphyxiation - Du	e to strangulation	
983 X DUE TO		
Conditions, if eny, which gave rise to immediate cause		
(e), steting the undarlying DUE TO		
cause last. (c)		
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY
<u></u>		PERFORMED?
5		YES K NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH	(Enter natura of injury in Part I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Homa, ferm, 20f. (City or town) (Co	ounty) (Steta)
Hour a.m. While Not While	tory, streat, office bldg., etc.)	(0.010)
	se Home Annapolis A. A	rundel Md.
21. I certify that I took charge of the remains described above, he		and in my opinion
death resulted from: Matural causes . Accident . Suid	cide . Homicide x, Undetermined manner	
lile it	CHIEF MEDICAL EXAMINER	
ACTUAL /// //	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE JULIAN SIGNATURE	DEPUTY MEDICAL EXAMINER	0 30 /3
EXAMINER'S		8-19-61
NAME (Type) William V. Lovitt, Jr., M.D.	Address (Street, city, town, or county)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	PR CREMATORY 22d. LOCATION (City, town, or count	try) (Stete)
Burial 8-22-61 Woodlawn	Baltimore	Md.
23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S	SIGNATURE
John M. Taylon and Sons A.	AUG 2 2 61 O-Thur	2 Kinya
John M. Taylor and Sons Annapol	1S, MC PATE	

22 Harriven Live. R.R. Ret. Childes E.S. notationest to mile notation the State of House, are in the Property of the Turing official to a super number of the contract of the contr John W. Taylor and Sons ammapolis, adject of most part of most

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 8754 CERTIFICATE OF DEATH director, 1. PLACE OF DEATH 2. USUAL) RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed MARYLAND Funeral c. CITY OR JOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RUPAL and give nearest town) 0 d. NAME OF HOSPITAL (If not in hospital, give street oddress d. STREET ADDRESS OR INSTITUTION NAME OF Middle ed DECEASED 24 (Type or print) B. DATE OF BIRTH 9. AGE (In years lost birthday) 6. COLOR ORIRACE 7. MARRIED NEVER MARRIED offer DIVORCED WIDOWED | e p 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) g most of working life, ever if retired) MESTAUREN 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME 000 .⊆ with g physicie 15. WAS DECEASED EVER IN U. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT event 25 attending 0 any 1B. CAUSE OF DEATH [Enter only one couse per line for (o), ond (c).] d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if only, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY has burial of 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City ar town) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m While Not while 19 ot work ot work p. m. 产点 ь Vcertify that (1) (this haspital) attended the deceased fram. Colta 1966, and that death accurred at AM, fram the causes and an the date stated above. saw the deceased alive ATTENDING STAFF PHYS. M.D. DIRECTOR | PHYS. 22c PHYSICIAN'S 22d. ADDRESS D FUNER Page 3 sl 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY

0

VR A1S (4)

1SM 9/S9

24 FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

Freek

2So. REC'D BY REGISTRAR

AUG DATE

ADDRESS

ON A FARM? YES NO

Yeor

19 6/

Min.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEAD

PERFORMED?

YES NO

(State)

22b. DATE

SIGNED

Months Doys

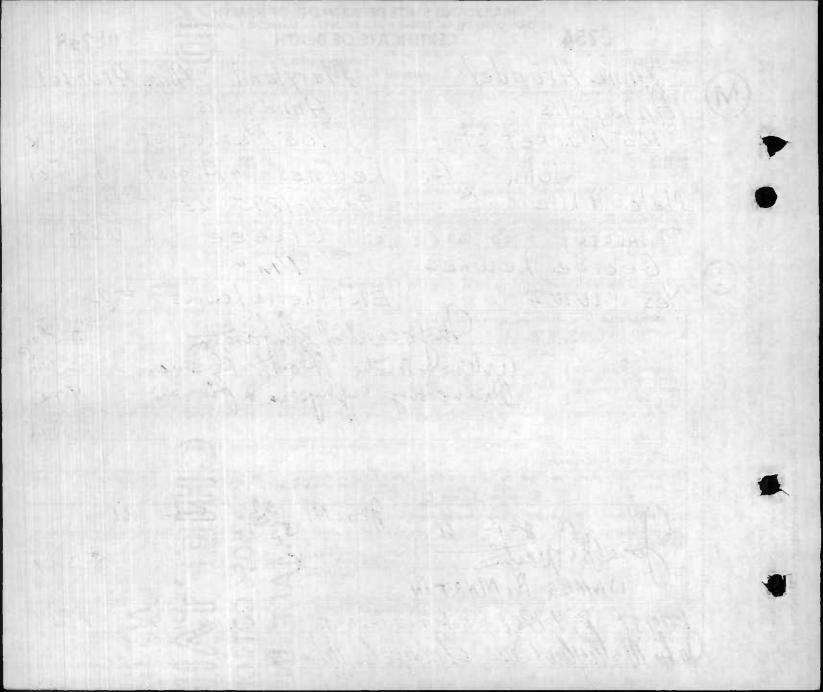
2

(County)

25b. REGISTRAR'S SIGNATURE

Cirthun & Kine

Address

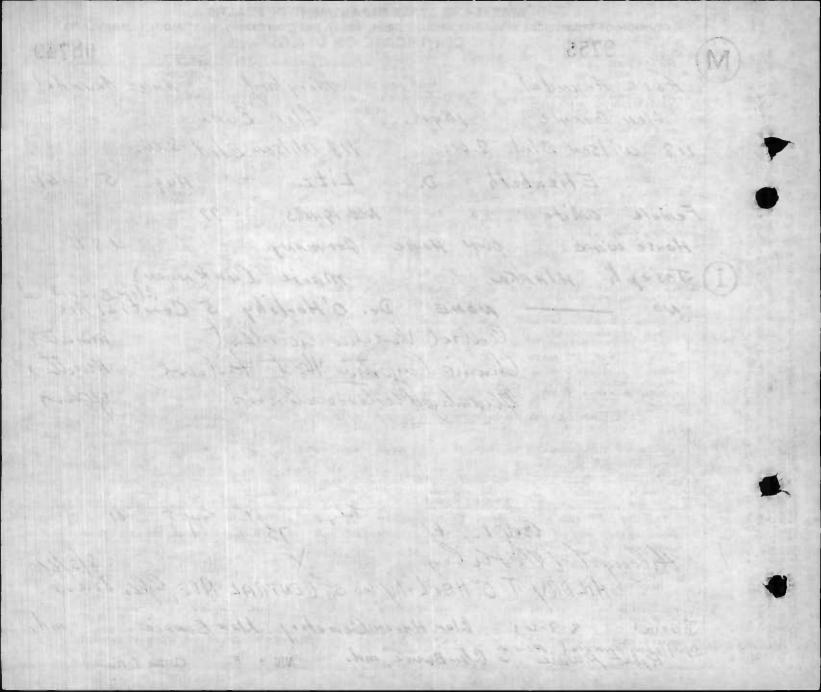


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET BALTIMORE 1 MARYLAND

_	8755 CERTIFICATE OF I	DEATH 08749	
VI	o. COUNTY HUNE ARUNDAL MARYLAND O. STAT	TAL RESIDENCE (Where decessed lived, If institution, Residence before edmission ATE b. COUNTY April Ary Land	n)
	write RURAL end give nearest town) Glen Byens d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREI 1/8 Wilson Blud. S. W. 1/8 3. NAME OF First Middle Les	TY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Flex Barrie REET ADDRESS ON A FARM YES NO Lest A. DATE Month Dey Year	17
	(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BI Line 12 WIDOWED DIVORCED NOV. 19 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHI	F BIRTH 9. AGE (In years of UNDER 1 YEAR of UNDER 24 HR: lest birthdey) 9. AGE (In years of UNDER 1 YEAR of UNDER 24 HR: lest birthdey) 9. AGE (In years of UNDER 1 YEAR of UNDER 24 HR: lest birthdey) 9. AGE (In years of Under 1 YEAR of UNDER 24 HR: lest birthdey) 9. AGE (In years of Under 1 YEAR of UNDER 24 HR: lest birthdey) 12. CITIZEN OF WHAT COUNTER 13. CITIZEN OF WHAT COUNTER 14. CITIZEN OF WHAT COUNTER 15. CITIZEN OF WHAT COUNTER 16. CITIZEN OF WHAT COUNTER 16. CITIZEN OF WHAT COUNTER 17. CITIZEN OF WHAT COUNTER 18. CITIZEN OF WHAT COUNTER 1	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) (Hyesgive were or deless of service)	MANY THER'S MAIDEN NAME Parie (ank Nown) Address Clep Byenne m	-
	18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gever rise to immediate couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTINGS O DEATH BUT NOT RELATED TO	Heart tention Given in Part 16, 19. Was autops performed?	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture OR CONTRIBUTING CAUSE OF DEATH UT (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY	YES NO [NO	
	Hour a.m. p.m. 19 While Not While et work factory, street, offi et work attended the deceased from the saw the deceased alive on the saw that death occurrence in the saw that death occurrence is saw that death occ	office bldg., etc.] 1961., to	ve.
	230. BURIAL, CREMATION, 23b. DATE THEREOF BERMOVAL (Specify) BUTIAL REMOVAL (Specify) R-9-6; Clor Haven Cem. 24 FUNERAL DIRECTOR'S SIGNATURE S'INGLETON FUNERAL Robert P. Ware - Clor Burnie md.	23d. LOCATION (City, town or county) (Stete) 25e REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATANG 9 761 Orders 8 Harms	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNL AL DIRECTOR: / this certificate has been signed by the attending physician at director, page 3 should be detacted for use as the burial-transit permit. Then please remove can papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60



er ed in by the funeral Pages 1 and 2 should ours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNE AL DIRECTOR: A this certificate has been signed by the attending physician are impleted.

To Fune AL DIRECTOR: A this certificate has been signed by the attending physician are impleted.

To Fune AL DIRECTOR: A this certificate has been signed by the attending physician are impleted.

To Fune AL DIRECTOR: A thin is certificate has been signed by the attending physician are impleted.

To Fune AL DIRECTOR: A thin is certificate has been signed by the attending physician are impleted.

To Fune AL DIRECTOR: A thin is certificate has been signed by the attending physician are impleted.

To Fune AL DIRECTOR: A thin is certificate has been signed by the attending physician are impleted.

To Fune AL DIRECTOR: A thin is certificate has been signed by the attending physician are impleted.

To Fune AL DIRECTOR: A thin is certificate has been signed by the attending physician are impleted.

To Fune AL DIRECTOR: A thin is certificate has been signed by the attending physician are impleted.

To Fune AL DIRECTOR: A thin is certificate has been signed by the attending physician are impleted.

To Fune AL DIRECTOR: A thin is certificate has been signed by the attending physician are impleted. papers. Pag-vithin 72 hours a death. 4 may be retained the hospital or attending physician.

Yellowed the standard physician are a second for use as the burial-transit permit. Then please remove can director, page 3 should be detacted for use as the burial-transit permit. Then please remove can be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any events.

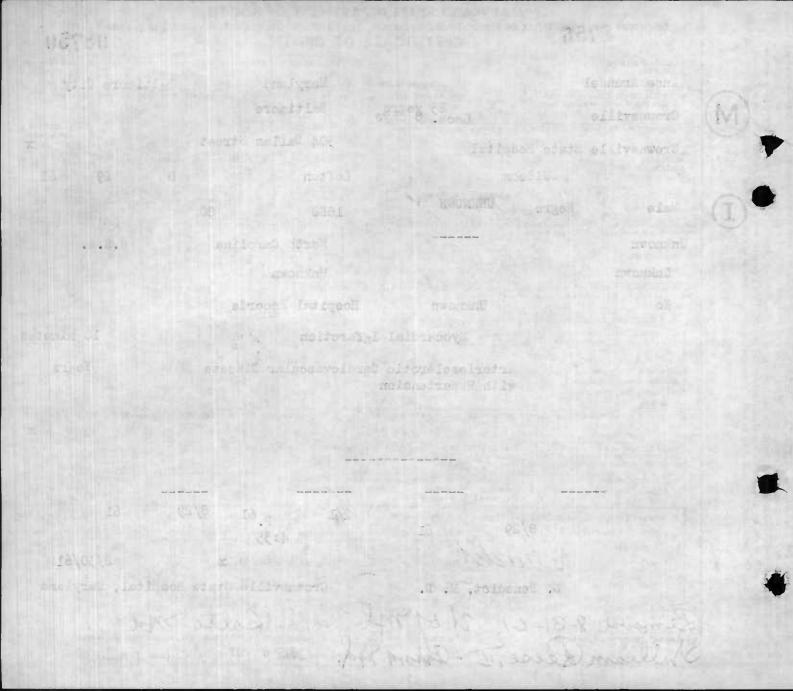
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF TANISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

()875()

	dence before edmission)							
700 TO 1 A	Ci tw							
ete limits, write RURAL and gi								
71/11	IS RESIDENCE ON A FARM?							
et SVOI-	YES NO IX							
Month D	ley Yeer							
0 (00 40 67							
	29 19 61							
	s Hours Min.							
	OF WHAT COUNTRY?							
0.5	5.A.							
Addrass								
	ONSET AND DEATH							
	10 minutes							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Myocardial Infarction 10								
	Years							
Conditions, if eny, which gave rise to immediate course (b) Arteriosclerotic Cardiovascular Disease with Hypertension								
ONDITION GIVEN IN PART 1(a	1) 19. WAS AUTOPSY							
	PERFORMED?							
fitem 18)	110 [10 [
Helli to.)								
or town) (County)	(Stete)							
8/20 61								
	, that (I) (we) last							
the causes and on the	date stated above.							
	22b. DATE							
STAFF PHYS T	3/30/61 SIGNED							
	1 70/91							
ate Hognital.	Maryland							
ree mosproar,	mar y ranta							
JON (City, town or county)	(Stete)							
ION (City, town or county)	(Stete)							
to. md.								
IDN (City, town or county) O - Md. AR 25b. REGISTRAR'S SIG	NATURE							
3	Month B AGE (In yeers IF UNDER 1 YEAR lest birthdey) BO yrs. Address Address							



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0	709	-	794
C.	7	J	6

CERTIFICATE OF DEATH

118751

-1										Keg. D	IST, NO.		JIL C
	1. PLACE OF DEATH a. COUNTY Anne Art	mdal		MARYLA	INO .	USUAL RESIDENCE	E (Who	ere deceased	b. COUNTY			_	ion)
1	b. CITY OR TOWN	(If outside corporate limi	4 1b	Maryland Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
I	RURAL ond give	11		/	1-	ral)					,		
ł	d. NAME OF HOS	PITAL (If not in hospital, g	ive street	20 years	6	d. STREET ADDRE		II al				. IS RESI	IDENCE
	OR INSTITUTION	Race Track,			i							ON A	FARM?
	3. NAME OF DECEASED (Type or print)	Fire Fre	nces	Middle Requa	a	Martin	1	4. DATE OF DEATH	August	th 8	Doy		Yeor
l	5. SEX	6. COLOR OR RACE	7. MARE	RIED INEVER MARRIED	B. D	ATE OF BIRTH		9	9. AGE (In years lost birthdoy)	IF UNDER			R 24 HRS.
I	Female	White	WIDOW	ED DIVORCED	□ J.	anuary 15	,18	399	62 yrs.	Months	Days	Hours	Min.
1	10a. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stole o	or foreign cau	untry)	12. CI	TIZEN O	F WHAT	COUNTRY?
J	Housewi		.	Home		Tarryto	wn,	N.Y.		I	J.S.A		
ĺ	13. FATHER'S NAME				1	4. MOTHER'S MAID							
I	James Mi	Lton Requa				Myra Ru	th	Lee					
I	(Yes, no. or unknown)	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		4-	Addr		Lau	rel,	Md.
ŀ	No	EATH [Enter only one co			Geo:	rge Harri	SI	lartin,	, Jr. Lau	rel F	lace_	Trac	44
	Conditions, if gave rise to couse (o), stotin lying cause las	ony, which immediate g the under:)	OC arc Inoma			TERMIN	NAL DISEASE	CONDITION GIVI	EN IN PAI	RT 1(a) 15	PERFO	AUTOPSY RMED?
l	OR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (E	nter nature of injur	y in P	ort I ar Part	II of item 1B.)				12
	20c. TIME OF INJI Hour o. m	. 10	or 20d. If While of wor	Not while	0e. PLACE foctory	OF INJURY (Home, , street, office bldg	, form, ., etc.)	20f. (City	or town)	((County)		(State)
	ACTUAL SIGNATURE PHYSICIAM'S NAME DYPO	J. Richard (126 and	on, M. D.	leath oc	Curred at 10) P	Street	the causes a cet, city or town, Laurel	nd an i	the dat	e state	deceased ed abave. ATE SIGNED
	220. BURIAL, CREMAT REMOVAL (Special	v)		22c. NAME OF CEMETE					ON (City, town, o		2 2	(State	•)
l			961	Fort Lincol	n Cen				Manor,	Mary	Tand		
I	23. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS	0			BY REGISTR		TRAR'S SI	GNATUR	E	
1	NOUN /IT	Variable	-	dance	1	DATE	AUG	1 4 '61	Qui	Lun P	4		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNE. DIRECTOR: After the Certificate has been signed by the attending physician and cample page 3 would be detached for as the burial-transit permit. Then please remave carban page the registrar priar to burial, cremation, or remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

by the funeral director, 2 should be filed with

			TV ARVE D		
barget in laws			March St. St.		
4 4 4					
				B. Marian Ru	
	nofoll	le executors co			
			ASSAULT TO THE STATE OF THE STA		
			ASAL TOSAL		
	nofed		Managara (1 Corp. or		
	mofes	la recei ore so	Manager All Controls of the Control		
	mofes	To receive the sign	Manager All Controls of the Control		
	enofosi an in				
	nofee	Ter recent ores to			
	nofed				

The law requires that the death certificate be executed within 24 hours after Appletely and in by the funeral reserve papers. Pages 1 and 2 should within 72 hours after death. Cares TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by death. By the may be retained by the hospital or attending physician. S TO FUNE ALL DIRECTOR: A this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove care be filed with the State Dept. of Health prior to burial, cremation, or removal, and in pay event, we

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8758 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If Institution: Rasidence before edmission)
a. COUNTY Anne Arundel MARYLAND	a. STATE Md - b. COUNTY
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Pas adena (Rural)	X Pasadena (Rural)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	, d. STREET ADDRESS e. IS RESIDENCE
Rte 11 , Box 120	Rte 11 . Box 120 ON A FARM?
3. NAME OF First Middle	Lest 4. DATE Month Day Yeer
(Tone or wint)	Matthews DEATH August 30 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Oet. 3, 1877 83 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Minister American Rescue	Taylors Island, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Henry Matthews	Sally Ann Ruarke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19. (Yes, no, or unkown) (Ifyesgivewarordatesofservice)	INFORMANT Address
no 220-36-5004 M	r. Charles Matthews, same as 2
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	same throughouses 2 hours
The state of the s	my powers and
DUE TO (1-4)	A last of in 1 1 1000
Conditions, if any, which gave rise to immediate couse	u mari disease "yeur.
(e), steting the underlying DUE TO	1. Show It
causa last. (c) Italiel (le	conferentein Emmos
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Trone-	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTING CAUSE AND AND ADDRESS OF DEATH OF THE CONTRIBUTING CAUSE AND ADDRESS OF DEATH OF THE CONTRIBUTING CAUSE OF DEATH OF THE CAUSE OF THE CONTRIBUTING CAUSE OF THE CAUSE OF). (Enter natura of injury in Part I or Part II of item 18.)
	ACF OF INITIRY (Home, farm, '20f. (City or town) (County) (Stete)
Hour a.m. While Not While fac	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) lory, street, office bldg., etc.)
	1.1 11- weld. 8/20 well a war
21. I certify that (I) (this hospital) attended the deceased from.	
saw the deceased alive on	death occured a
22e. SIGNATURE	ATTENDING MED STAFF 226. DATE SIGNED
R.M. M. Laughlin N	A.D. PHYS. DIRECTOR PHYS. \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
MAME (1900) K.M. McLaughlein	3708 Mountain Rd. Visadine feel. 5
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
REMEYAT TRETY 9/2/61 Glen Haven	Memorial Glen Burnie, Md
24 FUNERAL DIRECTOR'S SIGNATURE Totaley ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Hopping and Kirkley, Glen Burn	ie, Md DATE SEP 5 '61 Clathing & House
	. Calling & Thank

(Seam, ans worth Company of the state of the fact that the state of the st Market a day ... M. . Higgs Base Neighbar Alogen

FOR STATE HEALTH DEPT. es. director. Page is necessary, TO DEP TO MEDICAL EXAMONER: This certificate should be executed within 24 hours after death. If any charappease examine the certificate, will git the word "pending" in pencil in liem 18. Give Pages 1, 2, and 10 the factor of the careful Medical Examiner's Office along with form PM3. Page 5 in the retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the State Bag or its designated egent, prior to burial, cremation, or removel, and in any event within 72 hours, effer death.

VS. A15ME 5M 7/59

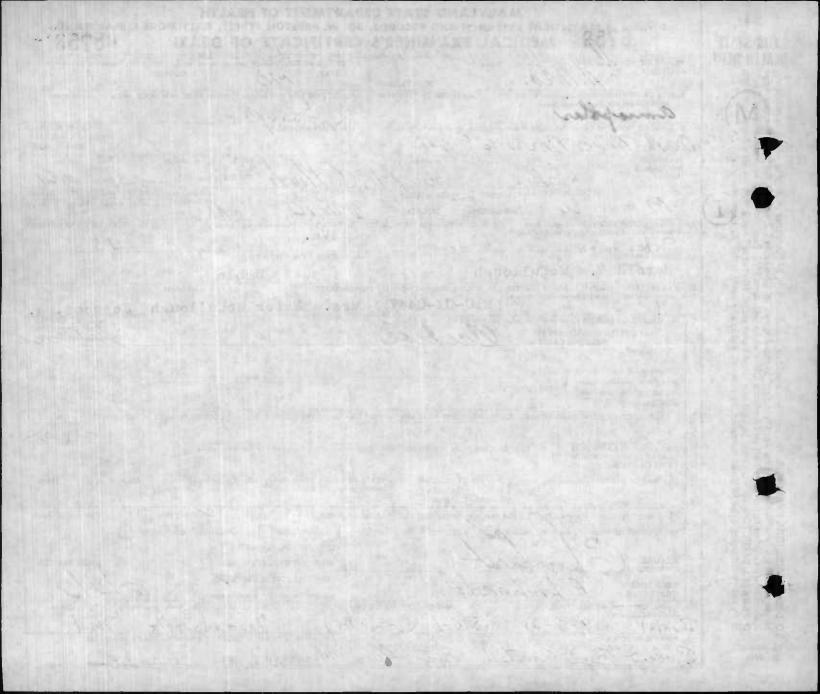
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(18753)

=	// // # tem 9 ki	lm G294 9/15/61 1wk	
1	e. COUNTY	2. USUAL RESIDENCE (Where decaased lived, If	
	# H. H. CO. MARYLAND	e. STATE 6. COUN	IIY A
1-	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR JOWN (If outside corporete limits, write	PLIPAL and sive persent town
	write RURAL end give geerast town)	C. CITT OR SWITT (III builsida corporete titalis, with	KOKAL GIIG GIVE HEGIESI IOWIII
	ameliar	X 455008-	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	I e. IS RESIDENCE
1 /	1 . 1 1 1		ON A FARM?
10	10.A HUNE HRUNDEL GEN.		YES NO
4 3.	NAME OF First Middle	Jast / F. DATE Month	Dey Yaar
	DECEASED (Type or print)	OF DEATH	31 10/1
-	00/12 W. //	CO/18071.	3/ 196/
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
1	WIDOWED DIVORCED	6-11-16 4544 yrs.	Months Days Hours Min.
100	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?
	na during most of working life, avan if retired)	WVa.	12. CITIZEN OF WHAT COUNTRY?
	Salesman CAr	H A CT .	115
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Harold W. McCullough		
	marora w. Mccarrough	Umble	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I.	NFORMANT Address	
(14	is, no, or unkown) (Ifyesglvawarordetasofservice) 210-01-0447	Mrs. Ester McCulloup	. h
-		Mrs. Ester McCulloug	
	18. CAUSE OF DEATH [Enter only one cause par lina for (a), (b), and (c).]		INTRVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		dellen 1
1	IMMEDIATE CAUSE (a)		
	DUE TO		19/0
	Conditions, if any, which \ (b)		
	gave rise to immediate cause		
	(e), stating the undarlying DUE TO		
	cause lest. (c)		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIV	
ĬĔ			YES NO
CERTIFICATION			IES NO
Ē	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E	nter neture of injury In Pert I or Part II of itam 18.)	
8	CAUSE OF DEATH.		
1	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 1 20f. (City or town)	(County) (Stata)
MEDICAL		ory, street, office bldg., etc.)	(County) (State)
WE	p.m. 19 et work et work		
	21. I certify that I took harge of the remains described above, he	ld an Autopsy . Inspection . Inquir	y . and in my opinion
	death resulted from: Marural causes Accident . Suici	de, Homicide, Undetermined m	anner
		CHIEF MEDICAL EXAMINER	
	ACTUAL O Des baldt	ACCICYANT MEDICAL CVALUNED	DATE SIGNED
	SIGNATURE CONTROLLY	M.D. ASSISTANT MEDICAL EXAMINER	1 ALE SIGNED
	EXAMINER'S E	DEPUTY MEDICAL EXAMINER	~ /21/1.
1	NAME (Type) E. LIUMAROF.	Address (Streat, city, town, or county)	8/3/61
220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR		or country) (Stata)
-	REMOVAL (Specify)	1 1 1	11 3. 1
E	Burial 9-2-61 Steel Cem	etery triendsvil	r Mal.
	FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGI	ISTRAR'S SIGNATURE
10	30 2 1 N. HI 2.7. 11.	mel	Control of the Contro
10	Joseph Myle on Mis M. Buganelle.	DATE SEP 7 '61 CL	Thur & Kraus
-			



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL

VR A15 (4) 1SM 9/59

page 3 sha TO FUNERA

attending physician.

Wificate has been signed by the attending physician and comple

he funeral director,

BERNHARDY

ond in any event.

CALTINGE Board of Health prior to burial, cremation, or remayal,

540] PREDEDICE

2050231XV2

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

OCHEA

arthur S. Kraus

	0100	CERTIF	ICATE	OF DEATH		V 6 1 20 15		110	403
1. PLACE OF DEATH o. COUNTY Anne	Arundel	MARY		usual Residence (Wo. State Maryland	here deceased	-b. COUNTY	Georg		nission)
RURAL and give ne	f outside corporate limits, sarest town). O G. Meade	, write c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		rote limits, write R	URAL ond g	ive nearest to	wn)
OR INSTITUTION	AL (If not in hospitol, given the course of			d. STREET ADDRESS 5302 Ham:	ilton S	5 t		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First	Middle		MC GANN	4. DATE OF DEATH	AU(H GUST	Doy 24	Yeor
s. sex Male		7. MARRIED NEVER MARRIE		PATE OF BIRTH		 AGE (In years lost birthday) yrs. 		YEAR IF UN	
0a. USUAL OCCUPATIOn during most of work	DN (Give kind of work do king life, even if retired)	one 10b. KIND OF BUSINESS OF	R INDUSTRY	30 3	or foreign co	untry)	12. CITIZ	USA	TCOUNTR
3. FATHER'S NAME Joseph Mc	Gann			A. MOTHER'S MAIDEN Nancy Re					
	R IN U. S. ARMED FORC			ther, 5302	Hamilto	on St Hya		lle, N	id.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TH [Enter only one country one	se per line for (o), (b), and (c). Prematu						INTERVAL ONSET AN	BETWEEN ND DEATH
Conditions, if o	ny, which) OUE TO	Abruption	o plac	enta				24	hou
gove rise to i couse (o), stating lying couse lost.									
PART II. OTH	HER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TERM	NINAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WA PER YES	REORMED?
200. ACCIDENT WA	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OF	CCURRED. (Enter noture of injury in	Port I or Port	II of item 1B.)		PE	
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeor	20d. INJURY OCCURRED While Not while of work of work		OF INJURY (Home, form, street, office bldg., etc.		or town)	(C	ounty)	(Sto
	it (I) (MACHOSPANA) sed alive an 24	Sattended the deceased Aug 19 61 and		Aug 19					
220. SGYATURE	Deins	tein Cant,	MC M.D	ATTENDING M	AED.	STAFF PHYS.	1-11	4 Aug	22b. DATE
22c. PHYSICIAN'S	M. BERNSTE	IN, Capt., M.C.	•	22d. ADDRESS Kimbroug	h AH F	Geo G.			
23a. BURIAL, CREMATIC REMOVAL (Specify)	N. 236 DATE THEREOF	6/ Days OF CEME	etery or c	10	23d. LOCAT	ION (City town,	or county)	- (s	itote)
24. FUNERAL DIRECTOR	SSIGNATURE	ADDRESS S	O Vais	250. REC	D BY REGIST	RAR 25b. REGI	STRAR'S SIG	NATURE	

A STATE OF THE STA RYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY MARYLAND mary land anne Akundel b. CITY OR TOWN (it outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OF TOWN (I) outside corporate limits, write RURAL and give neerest lown) write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? Jumper Hole Rd. I YES NO Jam per 311, millersville DECEASED DEATH (Type or print) 1961 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthday) Months WIDOWED X DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) HOUSE WIFE MOTHER'S MAIDEN NAME UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH IMMEDIATE CAUSE (e) Conditions, if eny, which gava rise to immediate cause DUE TO (a), stating the underlying couse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete) factory, streat, office bldg., etc.) While Not While Hour a.m. et work at work p.m 21. I certify that (I) (this hospital) attended the deceased from Moving 1966 and that death occurred a 2.6. M, from the causes and on the date stated above. saw the deceased alive on Well 22b DATE SIGNED 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATELUG 9

arthur & Kraus

funeral the d 2 and by =-Pages afte 0 ac physician attending pl 2 Then lova the gned by DIRECTOR: TO FUNE director, p VR A15 (4) 15M 9/60

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Home

et . fr. M. Take Bould The second of the second William Holes Alk and a good this office of the Alk and they are A LANGE CONTRACTOR OF THE PARTY Real State of the Marie of the second of the second sec Karl butter with the parties - may an in success of the second and the state of the break, mil. one in the state of

impleters, led in by the funeral control papers. Pages 1 and 2 should within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after by the hospital or attending physician.
This certificate has been signed by the attending physician are the continued for use as the burial-transit permit. Then please remove can TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate death.

4 may be retained by the hospital or attending physician.

5 TO FUNDAL DIRECTOR: A this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Then please remove a be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event.

M

06

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8762 CERTIFICATE OF DEATH (18756)

1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Anne Anundel
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give nearest town) Annapolis	// Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
inne Arundel General Hospital	43 Larkin St. YES NO X
B. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year OF
(Type or print) Margaret	MERRITT DEATH August 13 19 61
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Negro WIDOWED N DIVORCED	5-8-1903 lest birthdey) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of warking-life, even if retired)	South Carolina U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Muknown	11 MRM mon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT, Address
(Yes, no, or unkown) (Ifyes give war or dates of service)	and voter 113 tanker Str
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Calasian Start and DEATH
4/20.1 DUE TO	
Conditions if any which h	
gave rise to immediate cause	
(a), stating the underlying DUE TO	
(c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMEO? YES NO D
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in Part I or Pert II of item 18.)
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, † 20f. (City or lown) (County) (State)
Hour a.m. While Not While	tory, street, office bldg., etc.)
	7-17-6/10 8-13-6/10 11-10-10-10-10-10-10-10-10-10-10-10-10-1
21. I certify that (I) (this thoughts) attended the deceased from.	
	death occured atM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
22c. PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
NAME (Type) A. T. Allen	62 Cathedral St., Annapolis, Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL Specify	2. 4188- Ularannola MV.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25V. REGISTRAR'S SIGNATURE
M. Wicak conott (assace h	DATE DATE DATE DATE DATE DATE DATE DATE
Meller Herrett. Whate Ill	DAIR
/	

Indicate frames frames again te de about ca. the section of The state of the s Have to trade with the worth Date Land Straffer Burger of the Carlot Dieser Straffer Much so so the letter die

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY e. STATE Anne Arundel Mary land Anne Arundel the d MARYLAND death. in by th b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town)
Annapolis within 24 5 days RURAL - Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . STREET ADDRESS . IS RESIDENCE ON A FARM? Anne Arundel General Hospital Cottage 126A, Sherwood Dorest YES NO X 3. NAME OF 4. DATE Middle DECEASED (Type or print) MOORE DEATH Lee 19 August 61 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthdey) Months Male White WIDOWED DIVORCED July 8. 1878 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. North Carolana Treasury Department U. S. Government 14. MOTHER'S MAIDEN NAME ease affending William Henry Moore

Jo

S. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Josephine Lawing <u>a</u> Then Wash removal, (Yes, no, or unkown) | (If yes give war or detes of service) physician. 1/10 Allison St. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) burial-transit Conditions, if eny, which geve rise to Immediate cause DUE TO (e), steting the underlying has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY certificate PERFORMED? as NO T use prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) Not White factory, street, office bldg., etc.) While et work saw the deceased alive on..... 22e. SUGNATURE 22b. DATE SIGNED ATTENDING STAFF 6 PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Frank M. Shipley 121 Cathedral St., Annapolis, Md. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) Washington. Rock Creek Cemetery August 18,1961 10 Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S_SIGNATUR VR A15 (4) 15M 9/60 arthur I Krous

MARYLAND STATE DEPARTMENT OF HEALTH

CTAN SEA HOMES SEE Tologram areal - o V. August House and August Aug - Carlon State of the Control of the and transfer is again to the state of the st orgo Cymrall aus 1920 Partie W. Maper Illiant Lies of M. W. oran A THE PERSON OF The state of the s . M (all spins ... a Catalegon isc intil . Lagrat 18, 1961 Thorn Grack Comebergy | Harriston, D. C. y colour litelation was do not be sell for a sell of the sell of t

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8764 CERTIFICATE OF DEATH

1. PLAC a. CO	e of Death UNITY ANNE Arundel		TATE Maryl		stitution: Residence before admission) Y Anne Arundel
b. CIT	Y OR TOWN (if outside corporate limits, c. LENGTH rite RURAL and give nearest town)	OF STAY IN 1b c. C	CITY OR TOWN (If or	utside corporata limits, write	RURAL and giva nearest lown)
11	nthicum AME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	yrs.	Linthicu STREET ADDRESS	ım	l e. IS RESIDENCE
	25 Forest-View Road			st-View Road	ON A FARM?
	FESED	ysius Mo	ran 4.	DATE Month OF DEATH AUGUS	st 24th Year 61
5. SEX	6. COLOR OR RACE 7. MARRIED NEVER			9. AGE (In yeers birthday)	Months Days Hours Min.
		VORCED 5ept		A12.	
done du Mac	ring most of working life even if retired)	Paper Co.	Piedmoni	State, or foreign country)	12. CITIZEN OF WHAT COUNTRYS
13. FATI	HER'S NAME	14. MO	THER'S MAIDEN NA		
	John Moran			lary Lennan	
(Yes, no.	or unkown) (If yes give wer or detes of service) 216-07-	2295 Mr.	Joseph	T. Moran	Same as #2
18.	CAUSE OF DEATH [Enter only one cause per line for (e), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	end (c).]	Falle	ul	INTERVAL BETWEEN ONE AND DEATH
	443x DUE TO NATULINA	eletitis h	Leulins	ine Costs	2_
	ditions, if any, which by rise to immediate couse	wagne !!	from	mi coani	
	steting the underlying but to Care of the lost.	eclar a	week	l	
CERTIFICATION 300 OF CO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATE	D TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO .
OR OR O	ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT AND ACCIDENT	NJURY OCCURED. (Enter no	ature of injury in Pert	I or Pert II of item 1B.)	
WEDICAL 20c.	TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCI Hour a.m. While Not Whi p.m. 19 et work et work	le factory, straat	JURY (Home, ferm, , office bldg., etc.)	20f. (City or town)	(County) (Stete)
21.	I certify that (I) (this hospital) attended the de				t, 19.64, that (I) (we) las
		, and that death	occured at	M, from the causes a	and on the date stated above
22e.	SIGNATURE MACLOUALE MI	M.D. PHY		CTOR STAFF	5-24 GATE
22c.	PHYSICIAN'S NAME (Type) C. R. MacDonald, M.		P. O. BOX	518, Glen Bu	rnie. Md.
	RIAL, CREMATION, 23b. DATE THEREOF 23c. NAM	OF CEMETERY OR CREM		3d. LOCATION (City, low	
	OVAL (Specify) Aug. 28,1961 S	t. Peter's C	Cemetery	Westernpor	t Md.
34 FUNE	R.V. Signatures Glen B	urnie, Md.	25e. REC'D	BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
by	EBS Wing		I DATE NOO		
1					

Appropriate arrest January Summer yes. Linthicum mus mass THE RESERVE TO SEE Fig. cueugladus Res Thunks Aloys'up Forse Audunt Hele Thite X Sent. 184 1878 82 187 Assormat(Ret.) . weet wa. Paget oo. Diddmant w. Wa. (.taR); Tomared wash negoti med of the standard of the standar Surial and 28, 1981 St. Poter's Community Sustainment The second Gian Burnia, Mt. Communication

1. PLACE OF DEATH	1 7	by-		2. USUAL RESIDER	-		I COLINITY		nce befor	e admissi	9/1
	Arundel		MARYLAN	Mack)	charact I	V.C.	D. COOKIT	Halif	ax		
RURAL and give	I (If outside corporate limi neorest town)	its, write	c. LENGTH OF STAY IN	c. CITY OR TO	WN (If outside	e corporo	le limits, write R	URAL and	give nea	rest town)
Odenton			- 1347		tleton			70	X	3	
d. NAME OF HOS	PITAL (If nat in haspitol, g N	give street	address)	d. STREET ADD	RESS					. IS RESI	DENCE FARM?
2 Saltoun	Ave.			Rt 1							но 🗆
3. NAME OF DECEASED (Type or print)	Fir LAWR	ENCE	Middle ERVIN MO	DRRIS Lost		DATE OF DEATH	August		Doy		ear 9 61
5. SEX	6. COLOR OR RACE	7. MARR	IEDA NEVER MARRIED	8. DATE OF BIRTH		9	AGE (In years				R 24 HRS.
Male	White	WIDOWE	DIVORCED	Nov 24.	1889		last birthday) 7] yrs.	Months	Days	Hours	Min.
during most of w	orking life, even it retired	done 10b.	KIND OF BUSINESS OR IN		E (Stote or fo Leton,		ntry)		TIZEN O	F WHAT	COUNTR
13. FATHER'S NAME			<u> </u>	14. MOTHER'S M				1 0	BGI		
Marion	Morris						3				
	VER IN U. S. ARMED FOR	CES2 16	SOCIAL SECURITY NO. 11	7. INFORMANT	ouri Ha	mmon	Q.S. Add	****			
(Yes, no. or unknown)	(If yes, give wor or dates of s	ervice)			m 0	2			_		
	no		inknown	Mrs. Ernest	T. Go	dman	, Daugh	ter-			# 1
	EATH [Enter only one co EATH WAS CAUSED BY:	ouse per lin	ie for (o), (b), and (c).]	711	n 10	. he			INTE	RVAL-BET	WEEN
FARI 1. D	IMMEDIATE CAUSE (o										UEAIR
1110 -		1	O D O 44	9/11	0 4	110	71 >				DEATH
420.	DUE TO		10044	7.	6	-0 1	71 >			-	
420. Canditions, if	DUE TO	+	yverter	dive	Can	dit	Dag	· · ·		-	
gave rise to	DUE TO	H	yperter	sive	Can	dit	00a4	(ula		-	
	any, which immediate og the under-	#	yperte	sive	Care	dit	Dag	(ula		-	
gave rise to couse (o), statin lying cause los	any, which immediate gethe under-	, #	CALL ONTRIBUTING TO DEATH						er,	P. WAS / PERFO	C45
gave rise to couse (o), statin lying cause los	any, which immediate g the under. (c) OTHER SIGNIFICANT CON	DITIONS	-	BUT NOT RELATED TO TH	HE TERMINAL (DISEASE (CONDITION GIV		er,	P. WAS / PERFO	C45
gave rise to couse (o), statin lying cause los	DUE TO any, which immediate g the under. 1. (c) THER SIGNIFICANT CON WAS UNDERLYING NG CAUSE OF DEATH	DITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	HE TERMINAL (DISEASE (CONDITION GIV		er,	P. WAS / PERFO	C45
gave rise to couse (o), stotin lying cause los PART II. C 20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIL	DUE TO any, which immediate to g the under- to the significant con The significant con WAS UNDERLYING THE SIGNIFICANT CON WAS UNDERLYING THE CAUSE OF DEATH FY MEDICAL EXAMINER	DITIONS C	RIBE HOW INJURY OCCU	BUT NOT RELATED TO THE	HETERMINAL (DISEASE (CONDITION GIV of item 18.)	/EN IN PAI	RT 1(a) 15	P. WAS / PERFO	NUTOPSY RMED?
gave rise to couse (o), storin lying cause los PART II. C PART II. C OR CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTIL	DUE TO any, which immediate go the under: 1. (c) OTHER SIGNIFICANT CON WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER] URY Month, Doy, Yee	DITIONS C	RIBE HOW INJURY OCCU	BUT NOT RELATED TO TH	HETERMINAL (DISEASE (CONDITION GIV of item 18.)	/EN IN PAI	er,	P. WAS / PERFO	NUTOPSY RMED?
gave rise to couse (o), storin lying cause los PART II. C PART III. C OR CONTRIBUTION (IF EITHER, NOTIL) 20c. TIME OF INJI	DUE TO any, which immediate ig the under. the option of the control of the cont	DITIONS C	RIBE HOW INJURY OCCU	BUT NOT RELATED TO THE RRED. (Enter nature of in	HETERMINAL (DISEASE (CONDITION GIV of item 18.)	/EN IN PAI	RT 1(a) 15	P. WAS / PERFO	NUTOPSY RMED?
gave rise to couse (o), storin lying cause los PART II. C PART II. C OR CONTRIBUTIN (IF EITHER, NOTIL) Hour a. m p. m	DUE TO any, which immediate ig the under. the option of the control of the cont	20b. DESC	RIBE HOW INJURY OCCU	RRED. (Enter nature of in foctory, street, office bl	HETERMINAL (DISEASE (of item 18.)	/EN IN PAI	RT 1(a) 15	PERFO YES D	AUTOPSY RMED? NO (State)
gave rise to couse (o), storin lying cause los PART II. C PART II. C OR CONTRIBUTIN (IF EITHER, NOTIL Hour a. m p. m	DUE TO any, which immediate go the under. 1. (c) OTHER SIGNIFICANT CON WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER] URY Month, Doy, Yee 1. 19	20b. DESC	UURY OCCURRED 20e	BUT NOT RELATED TO THE RRED. (Enter nature of in PLACE OF INJURY flat foctory, street, office bl	HE TERMINAL (njury in Port I me, form, 20 idg., etc.)	or Port II	of item 18.)	/EN IN PAI	RT I(a) 15 County)	PERFO YES W	NO (State)
gave rise to couse (o), storin lying cause los PART II. C 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIL) Hour a. m P. m 21. I certify	DUE TO any, which immediate go the under. 1. (c) OTHER SIGNIFICANT CON WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER] URY Month, Doy, Yee 1. 19	20b. DESC	UURY OCCURRED 20e	BUT NOT RELATED TO THE RRED. (Enter nature of in PLACE OF INJURY flat foctory, street, office bl	HE TERMINAL (njury in Port I me, form, 20 idg., etc.)	or Port II	of item 18.)	/EN IN PAI	RT I(a) 15 County)	PERFO YES Whe	NUTOPSY RMED? NO (State)
gave rise to couse (o), storin lying cause los PART II. C PART II. C 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIL Hour a. m p. m 21. I certify olive on	DUE TO any, which immediate go the under. 1. (c) OTHER SIGNIFICANT CON WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER] URY Month, Doy, Yee 1. 19	20b. DESC	UURY OCCURRED 20e	BUT NOT RELATED TO THE RRED. (Enter nature of in PLACE OF INJURY flat foctory, street, office bl	HE TERMINAL (njury in Port I me, form, 20 idg., etc.)	or Port II	of item 18.)	/EN IN PAI	RT I(a) 15 County)	PERFO YES Whe	NUTOPSY AUTOPSY NO AUT
PART II. COLOR OF CONTRIBUTION	DUE TO any, which immediate go the under. 1. (c) OTHER SIGNIFICANT CON WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER] URY Month, Doy, Yee 1. 19	20b. DESC	UURY OCCURRED 20e	BUT NOT RELATED TO THE RRED. (Enter nature of in PLACE OF INJURY flat foctory, street, office bl	HE TERMINAL (njury in Port I me, form, 20 idg., etc.)	or Port II	of item 18.)	/EN IN PAI	RT I(a) 15 County)	PERFO YES Whe	NUTOPSY RMED? NO (State)
gave rise to couse (o), storin lying cause los PART II. C PART II. C 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIL Hour a. m p. m 21. I certify olive on	DUE TO any, which immediate ig the under. the property of the control of the co	20b. DESC	UURY OCCURRED 20e Not work 20e of from ond that de	RRED. (Enter nature of in PLACE OF INJURY Had foctory, street, office black)	njury in Part I	or Port II	of item 18.) r town) 19 the couses of city or town.	(fundational form	(County) lost so he dot	PERFO YES WAS / PERFO YES DA	(Slate) (Slate) deceose d obov
gave rise to couse (o), storin lying cause los PART II. C PART II. C OR CONTRIBUTION (IF EITHER, NOTIL 10	DUE TO any, which immediate go the under. 1. (c) OTHER SIGNIFICANT CON WAS UNDERLYING NG CAUSE OF DEATH PY MEDICAL EXAMINER URY Month, Doy, Yea 19 thot I oftended the	20b. DESC 20b. DESC ar 20d. In While of work decease	IJURY OCCURRED 20e Not while of work ond that de	RRED. (Enter nature of in PLACE OF INJURY that foctory, street, office black)	me, form, 20 ddg., etc.)	or Port II	of item 18.) Town) 19 The couses of city or town.	/EN IN PAI	RT I(a) 15 County)	PERFO YES D	(State) deceosed obovite significant
gave rise to couse (o), storin lying cause los Part II. Co Part III. C	DUE TO any, which immediate ig the under. to the significant con NAS UNDERLYING CAUSE OF DEATH OF MEDICAL EXAMINER) URY Month, Doy, Yer that I attended the Febus F. Gi ION, 22b. DATE THEREO	20b. DESC 20b. DESC ar 20d. In While of work decease	UURY OCCURRED 20e Not work of the total of t	RRED. (Enter nature of in PLACE OF INJURY Had foctory, street, office black) M.D. Odento Y OR CREMATORY	njury in Port I	or Port II	of item 18.) r town) the couses of city or town, or tow	(fund on the state of the state	County) lost so he dot	PERFO YES D	(Slate) deceosed obove te signi
gave rise to couse (o), storin lying cause los Part II. C Part II. C 20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIL Hour a. m p. m 21. I certify olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220a. BURIAL, CREMAT REMOVAL (Speci	DUE TO any, which immediate go the under. 1. (c) OTHER SIGNIFICANT CON WAS UNDERLYING NAS	20b. DESC 20b. DESC ar 20d. In While of work decease	Not white of twork on that de try MD 22c. NAME OF CEMETER Greenwood	RRED. (Enter nature of in PLACE OF INJURY filtration, street, office black) ath occurred ot 7 M.D. Odento Y OR CREMATORY	njury in Port I	or Port II	of item 18.) r town) the couses of city ar town, N (City, town, Edgec	(In the Pair of Pair o	County) lost so he dot gust	PERFOYES DA	(Slate) deceosed obove te signe
gave rise to couse (o), storin lying cause los Part II. Couse (o), storin lying cause los OR CONTRIBUTION (IF EITHER, NOTIL Hour a. m. p. m. 21. I certify olive on	DUE TO any, which immediate go the under. (c) OTHER SIGNIFICANT CON WAS UNDERLYING NAS UNDERLYING OCAUSE OF DEATH PY MEDICAL EXAMINER URY Month, Doy, Yea 19 that I attended the Februs F. Gi ION, 22b. DATE THEREO (b) OR'S SIGNATURE	20b. DESC 20b. DESC ar 20d. In White of work decease 19	UURY OCCURRED 20e Not work of the total of t	RRED. (Enter nature of in PLACE OF INJURY Had foctory, street, office black) ath occurred ot 7 M.D. Odento Y OR CREMATORY Seme tery 22	njury in Port I	or Port II	of item 18.) town) the couses of city ar love. N (City, town, or Edge C	(fund on the state of the state	County) County) County) County	PERFO YES D	(Slate) deceosed obove te signe

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

NOMED

		10 MITAGO 10			
				To the	
		mo+ = ti			r e t
. 7		[+]			+ + = e
		7		LE L	
			1900	6	.+
					10.2
	+ - 1	· · · · · · · · · · · · · · · · · · ·	len stirr	ck	1
		7440 W Bats.			
		zano estan estanc			
	1,000				
	1,2740				
٢,٠		- t			

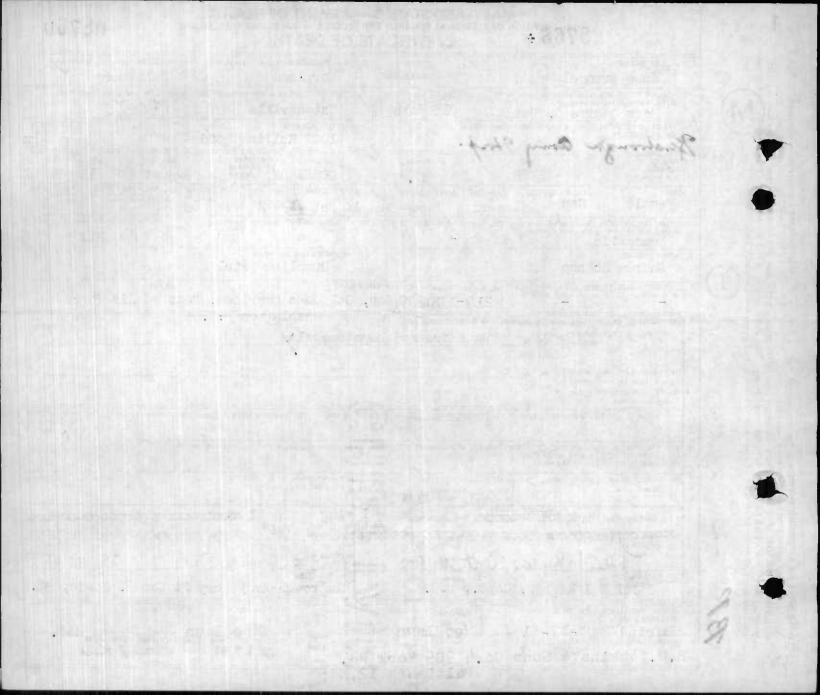
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Poge 4 moy be in seed by the hospital of attending physician. D FUNER. IRECTOR: After this mifricate has been signed by the attending physician and cample filled in the funeral director, page 3 shadid be detached for user as the burial-transit permit. Then please remaye carbon papers ages 1 and 2 shadid be filled with the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death.

TO HOSPITAL O

MARYLAND STATE DEPARTMENT OF HEALTH 876 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08760

1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE Maryland	ased lived. If institution: b. COUNTBA	Residence before odmission) timore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporote limits, write RURA	AL and give nearest town)
Fort George G. Meade	18 days	Catonsville	V	フメーナ
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	et oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Kirshongh Comy 94	bast.	1002 Rolling	Road	YES NO
3. NAME OF DECEASED (Type or print) RUTH	Middle C	Lost 4. DAT OF DEA		Day Year 15 19 61
5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
Female Cau wido	WEDX DIVORCED	14 Oct 1897	63 yrs.	onths Days Hours Min.
10o. USUAL OCCUPATION (Give kind of wark dane 10 during most of working life, even if retired) Housewife	b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreig	n cauntry)	12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Andrew Schano		Caroline Er	tel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
(Yes, no, or unknown) (If yes, give war or dates of service)		n, Col John Morri		Air Force
In CAUSE OF DEATH, IT		Washington		INTERVAL BETWEEN
1B. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (a)	Jaundice and he	eparomegaLNa		
DUE TO				
Conditions, if any, which gove rise to immediate (b)				
couse (a), stating the under-				
lying cause lost. (c)				
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRED	D. (Enter noture af injury in Port I or	Port II of item 1B.)	
Haur o. m. Whi	6	ACE OF INJURY (Home, farm, tary, street, office bldg., etc.)	City or tawn)	(County) (State
21. I certify that (I) (開發的段級分類)		15 Aug 19 61 6	XVVVVVVV	
sample despensed a live concocce x				
22a. SIGNATUR	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	enroxoccurred atM, tro	in the causes and	
0 1.1.	Cost au C.	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	15 Aug 61
22c. PHYSICHN'S	Cold . Mr.	W.D. PHYS. DIRECTOR	LI PHTS. LI	T) MUE OT
NAME JULES I KAPLAN, Ca	pt., M.C.	Kimbrough Army	Hosp Ft Geo	G. Meade, Md.
23a BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	R CREMATORY 23d. LC	CATION (City, town, or o	ounty) (Stote)
Burial 8-17-61	Woodlawn	Way	ndlaum	Ма
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REC	GISTRAR 256. REGISTR	AR'S SIGNATURE
H.W. Jenkins & Sons C	10.4 905 York	Rd . DATE ME	Chil	wo S. Kraus
	Baltimore !	2,Md;		



MARYLAND S	TATE	DEPARTMEN	NT OF	HEALTH-	-BALTIMORE,	18
MEDICA	LEX	AMINER'S	CERT	IFICATE	OF DEATH	D

Reg. Dist. No. (18761

1. PLACE OF DEATH o. COUNTY AA	MARYLAND		/here deceased lived. If in b. COL	stitution: Residence bef	ore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Ft. Meade	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporale limits, w	rite RURAL and give n	earest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos Ft. Meade Hospital	spital, give street address)	d. STREET ADDRESS House of	f Correcti	on	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Garmon	Middle James	O'Quinn	Of .	onth Doy Aug. 30	Yeor 19 61
5. SEX 6. COLOR OR RACE 7. MARRI		Feb. 16,1	921 9. AGE (In year ley birthday)	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ### HO	tind of Business or Industrials of Corr.	Sandlie		12. CITIZEN O	WHAT COUNTRY?
James Adlen O'Q	uinn	14. MOTHER'S MAIDEN N Virgin	ia C. Duty		
(Ves no as unknown) 1 (16 was also was as datas of samion)	SOCIAL SECURITY NO. 17. IN 33-24-9918		r, 8020 Mi		Balto.
	morrhage due	to Com. C and Sever	omp. Fract	ures 1	IVAL BETWEEN T AND DEATH T AND DEATH T NT S
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE CONDITION		9. WAS AUTOPSY PERFORMED? YES NO A
	HOW INJURY OCCURRED, IE	nter nature of injury in Port	I or Port II of item 18.)		
Hour a.m. O COO Can While	INJURY OCCURRED 20e. PLACE Foctor of work REC	ry, street, office bldg., etc.	Jessup	(County) S AA	(Slote) Md.
21. I certify that I took charge of the death resulted from: Natural causes					, and find that
ACTUAL SIGNATURE SIGNATURE	Parleyall	_M.D. CHIEF MEDICAL EX		8/ 30	DATE SIGNED
EXAMINER'S Gustave H. Fa	ubert, Md.		EXAMINER & Glen	Burnie,	Mđ.
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 9-2-1961	22c. NAME OF CEMETERY OR OF Quinn Fami	ly Plot	22d. LOCATION (City, town		(Stote)
JOHN J. DUDA 7922 Wise	ADDRESS A Tre 22 Ms			GISTRAR'S SIGNATUR	RE

VS. A15ME(5) 5M 9/55

William A Tolking Tolking			
			MA STATE OF THE ST
	The state of	THE STATE OF	
	Haran are a called a	ne AZa mana v	
Managery, Marie Marie		Ifa: temp	
Plot Didenson les	Theory contacts		

VR A15 (4) 1SM 9/59

Htem 18	Film	299 MARYLAND STATE DEPARTMENT OF HEALTH
TT-0-0T	ams	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARTLAND
		OFRICIOATE OF REATH

08762

	8768	CERTIFICA	TIE OF DI	-					
	ACE OF DEATH COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDE	land	here deceased	lived. If institution b. COUNTY			ission)
Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft Geo G. Meade	c. LENGTH OF STAY IN 16	1	own (If on Bu		ote limits, write R	URAL ond give	e nearest to	∾n)
d	NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET A	DDRESS	uise A	70	19.00	ON	ESIDENCE A FARM?
	Kimbrough Army Hospita		11 - 12					TES [NO 🔼
D	AME OF First ECEASED ype or print) All nha	Middle	lasi		4. DATE OF DEATH	Augus		Doy	Yeor 19 6
5. SE	ATPIIA	RIED NEVER MARRIED	Page 8. DATE OF BIRTH	4		9. AGE (In years	IF UNDER 1	EAR IF UN	
	Female Cau WIDOW	ZED DIVORCED	12 May	1871		lost birthdoy) 90 yrs.	Months D	oys Hour	s Min.
	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Tousewife (Retired)	KIND OF BUSINESS OR INDU		ACE (Stote abama	or foreign co	untry)	12. CITIZE	US A	
	ATHER'S NAME		14. MOTHER'S	MAIDEN I	NAME				
1	First name unknown Wi	gand		Unk	nown				
15. V	VAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. I	NFORMANT			Addi	ess		
{Tes,	no, or unknown) (If yes, give wor or dates of service)	19 18 4411 A	rnold Pa	ge (s	on) Mo	ntgomery	, Ala		
T	8. CAUSE OF DEATH [Enter only one couse per I	ine for (o), (b), ond (c).]			10-1169	THE STATE OF THE		INTERVAL I	BETWEEN
	PART I. DEATH WAS CAUSED BY: Ca	rdiac and resp	iratory a	arres	t			ONSET AN	DEATH
	15.5.1 DUE TO	MAL MEGIN							
	Conditions, if ony, which) (b) Wi	de spread meta	stasis						
	gove rise to immediate couse (a), stating the under-								
		denocarcinoma	of Hepa	tic	Duct				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THETERM	INAL DISEASE	CONDITION GIV	'EN IN PART 1	PER	S AUTOPSY FORMED?
CERTIFI	200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture o	f injury in	Port I or Port	II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year While Month 19	£	LACE OF INJURY (I			or town)	(Co	unty)	(Stote
×	p. m.	rk of work			(7)	2 .	/	1	
	21. I certify that (I) (ADSABASE) attensor the deceased alive an 1 Aug.	ded the deceased fram.			61, ta_	1 Aug		that (1)	
	220. SIGNATURE	shere.	M.D. ATTENDING	3 M	AED.	STAFF PHYS.	1 Aug		22b. DATE SIGNE
	22c. PHYSICIAN'S	RG, Capt., M.C.	22d. ADDRE						
23a.	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY (OR CREMATORY		23d. LOCAT	ION (City, town,	or county)	(St	ote)
	REMOVAL (Specify) Burial 52 Aug. 1961	St. Margare	t's Cem.			gomery,	Alat		
24.	UNERAL DIRECTOR'S SIGNATURE	ADDRESS		25a. REC	D BY REGIST		STRAR'S SIGN	IATURE	
11.	Y-Dirightton	Glen Burnie.	Md.	DATE AL	IG 2 '6	1 00	thun e d	4	

Fig. 12 - To religious gras lemma | LIAP at early Alexander of the same of the w And the state of t .http://www.nem.com

VS A15 (4) 15M 10/57

	4	
9	1_	1
	M	1
1		/

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8769 CERTIFICATE OF DEATH

Reg. Dist. No. (18763

0.6	0.5						Keg. Dist	. No.	
1. PLACE OF DEATH o. COUNTAnne Arunde	-1	MARYLAI	11 0	SUAL RESIDENCE (WH. STATE Maryland	nere decease	ed lived. If institution b. COUNTA	n: Residence	e before od undel	mission)
b. CITY OR TOWN (If outside cor		c. LENGTH OF STAY IN 12 day s	1b C	Glen Burni		orote limits, write RL	JRAL and gi	ve nearest i	lawn)
d. NAME OF HOSPITAL (If not in Kimbrough Army He	hospitol, give street o	ddress)	1	d. STREET ADDRESS 1425 Hough	nton F	Road		O	RESIDENCE N A FARM? S NO
3. NAME OF DECEASED (Type or print)	Juliette	Middle		Payne	4. DATE OF DEATH	Mont Augus		30	Year 19 61
5. SEX 6. COLOR Can	OR RACE 7. MARRI WIDOWE	ED NEVER MARRIED DIVORCED		TE OF BIRTH May 1898		9. AGE (In years last birthdoy) yrs.		YEAR IF U	NDER 24 HRS. urs Min.
10a. USUAL OCCUPATION (Give kin during most of working life, eve Housewife	d af wark done 10b. I n if retired)	CIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Stole New York		country)	12. CITI	USA	HAT COUNTRY
13. FATHER'S NAME Jeremiah He	efferman		14.	Josephin		semer			
15. WAS DECEASED EVER IN U. S. A (Yes. no. or unknown) (It yes, give wor	or dates of services	0-03-2855E	Dan g	hter-Mrs Li	illian	Addre Schintz			ghton Ro ie,Md
PART I. DEATH Enter of PART I. DEATH WAS CA IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO Rh (b) DUE TO (c)	ronary arter	rt di	sease				10 n	L BETWEEN ND DEATH NI NU Tes
Frac ture of	pelvis	ONTRIBUTING TO DEATH					EN IN PART	PE	AS AUTOPSY ERFORMED?
200. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	NG [] 20b. DESC DE DEATH AMINER)	RIBE HOW INJURY OCCU	b io						
20c. TIME OF INJURY Month, Hour o. m. p. m.	Day, Year 20d. IN While of work	Not while	e. PLACE Of foctory,	F INJURY (Hame, form street, office bldg., etc.	, 20f. (City	y or town)	(Co	ounty)	(State)
21. I certify that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Cyl. M	C M.D.	urred of: 55 A	_M, from	m the causes a	nd on th	e date si Mead e,	tated above
220. BURIAL, CREMATION, 226. DA	b/2-61	22c. NAME OF CEMETER	ry or cre	Sewley	Meli	TION City town, o	relier	14 7	State)
23. FUNERAL DIRECTOR'S SIGNATUR	Finds.	Ly Bur	lui	Jud DATE P	D BY REGIST		TRAR'S SIGI		0

	HUNER OF BRAIN	110120		
	The second of			
	Tal man-mility in the		विशिध्यात स्थानिक विश्वविद्या स्थापन	
			Log logic specific draws that	
	Probability of the			
			and the state of	
AND THE PERSON OF THE PERSON O				
			A. Calife Man	

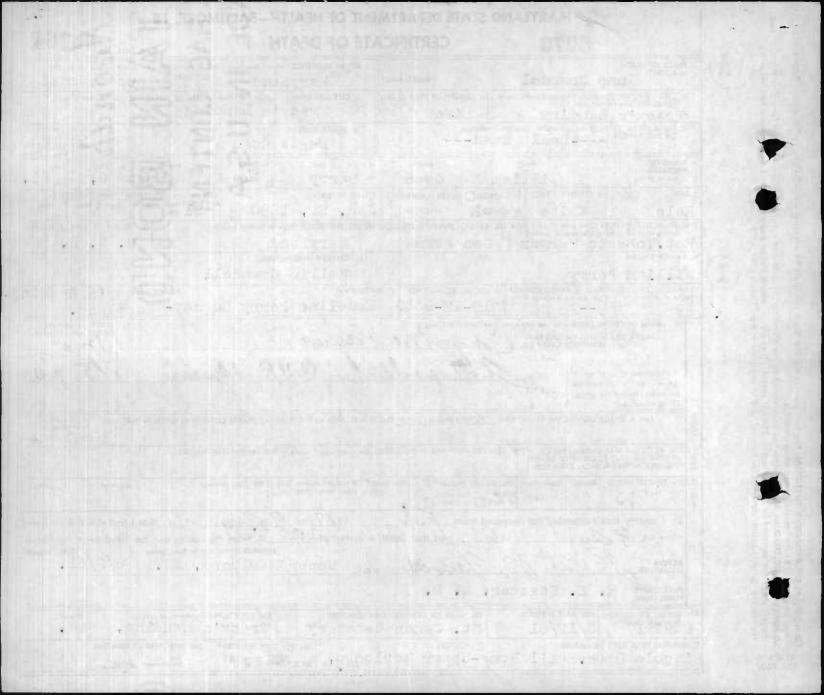
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	11
--	----

8770 CERTIFICATE OF DEATH

Reg. Dist. No. 118764

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Tracy's Landing Life	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Tracy's Landing
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTIONDeale Road	d. STREET ADDRESS Deale Road e. IS RESIDENCE ON A FARM? YES X NO 1
3. NAME OF First Middle (Type or print) William Owen	Lost 4. DATE Month Day Year OF
	Perry DEATH August 9, 1961.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH Jan. 21, 1880 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR INDIA	
Ret. Tobacco Farmer Own Farm	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Perry	Sallie Crandell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT AddressTracy's Landir
No It yes, give wor or dates of service) 218-12-9669	Madeline Perry Dorsey- Maryland.
18. CAUSE OF DEATH [Enter only one couse per ting far (a), (b), and (r).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MANAGEMENT OF THE PROPERTY OF T	Failure Interval Between ONSET AND DEATH
Conditions, if any, which gove rise to immediate	ot a CVR Misease 15 yrs
couse (o), stating the <u>under.</u> lying couse last. DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO Z
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port It of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40c. PL/ fac. While Not while at work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, affice bldg., etc.)
21. I certify that I attended the deceased from.	1947, to 9 Aug., 1961, that I last saw the decease
alive on 8 / 196/ and that death	occurred at 1:10 M, from the causes and an the date stated above
26421	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE / Offert / Jasocat .	M.D. Upper Marlboro, Md. 8/9/61.
PHYSICIAN'S R. B. Sasscer, M. D.	
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL Specify) 8/12/61 St. James C	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Ritchie Bros.Fun'l Home-Upper Marl	Lboro, DATE MUG 2 2 '61 arthur & Many



118765

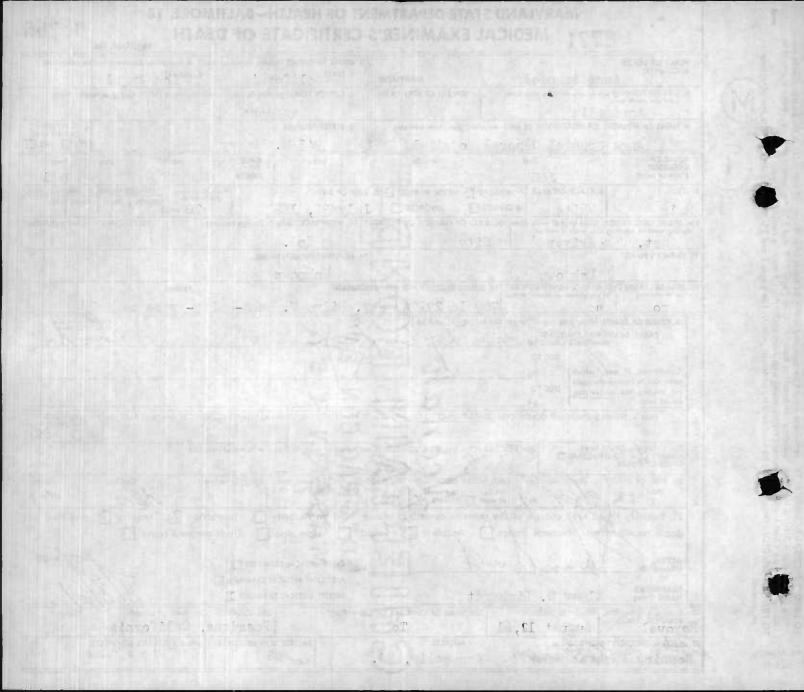
Reg. Dist. No.

D. COUNTY	nne Arundel		MARYLAN		alifo	there deceased	b. COUNT		nce befor eles	e admission)
b. CITY OR TOWN (IF	outside corporate limits, write		c. LENGTH OF STAY IN 1			outside corpore				rest tawn)
and give nearest town)	oolis				Pasa			42.	X-	2
		If not in ho	spital, give street oddress)	d. STREET		dona		1~	1	. IS RESIDENCE
DOA Anne	Arundel Ge	enera.	l Hospital	9	943 N.	Hudson				ON A FARM?
3. NAME OF DECEASED	Fin	s)	Middle	Los		4. DATE	Mont	h	Day	Year
(Type or print)	JOHN	V	H	REAM		OF DEATH	AUGUST	8.		1961
5. SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED	B. DATE OF BIRT	Н	9.	AGE (In years	IF UNDER	TYEAR II	F UNDER 24 HRS.
Male	White	WIDOWE	DIVORCED	July 30	, 189	_	70 yrs.	Months	Days I	dours Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPI	ACE (Stote	or fareign coun	try)	12. CITI	ZEN OF	WHAT COUNTRY?
	driver		City		Ind.				USA	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME				
	Unknown			Ur	known					
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17	. INFORMANT			Address			
no	no	1004	00 16 2727A	Mrs. Wiln	na V.	Ream- W	ife- sa	me as	# 2	
Conditions, If on gove rise to immed (o), stoting the u couse lost.	nderlying DUE TO		ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMSD?
PART II. OTH 20g. EXTERNAL CAU PRIMARY IA or CON CAUSE OF DEATH.	SE WAS	DESGRIB En	BE HOW INJURY OCCURRED	. (Enter noture of in	njury in Port	I or Port II of	item 18.)		110	
20c. TIME OF INJUR	Mogrith, Day, Yea	Whil		PLACE OF WIJURY (Home, form bldg., etc.	20f. (City or	town)	(Cay	rfly)	(State)
21. I certify the	\ //	1 / -	remains described of		Autapsy tamicide		ectian X, etermined o			and find that
ACTUAL SIGNATURE) fund	me	et.	M.D.	MEDICAL EX				1	SATE SIGNED
EXAMINER'S NAME (Type)	Elmer G. I	Linha	rdt			XAMINER X		81	18/	1.
220. BURIAL, CREMATION REMOVAL (Specify) Removal	August 1		22c. NAME OF CEMETERY	OR CREMATORY			n (City, town,		La	(State)
23. FUNERAL DIRECTOR:	7 4	Li-	ADDRESS Annapolis, M	d.	DATE AU	G 1 4 61		STRAR'S SIG		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute that the property of the control of property is necessary, please executed that the property of the chief Medical Saminer's Office along with farm PM3. Page 5 may be retained by your first to the Chief Medical Saminer's Office along with farm PM3. Page 5 may be retained by your first to be used as a burial-transit permit. File pages 1 and 2 with registrar power of permetal cremation,

forward TO FUNERAL ar remayal.

VS. A15ME(5) 5M 9/55



TO HOSTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{2} \times \text{death}\$. A may be retained the hospital or attending physician.

\(\frac{\pi}{2} \times \text{To FUNERAL DIRECTOR:} \) A this certificate has been signed by the attending physician and mpletely the defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION	OPSTATISTICAL	RESEARCH AND REC	ORDS, 301 W	. PRESTON S	TREET, BALTIMORE 1	, MARYLAND
s: 8.9.	Film # G292	RESEARCH AND RECEDENCE 8/1/61CERTIFIC	CATE OF	DEATH		08766

rems: 0,7, Firm # dzyz 0/4/or pb		10000
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution:	Residence before edmission
Anne Arundel Marylan	ND 6. STATE Baltimo:	re City
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN		
write RURAL end give neerest town) 4 years		01-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	lays Baltimore d. STREET ADDRESS	e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (IF not in nospital, give street edgress)	d. SIREEI ADDRESS	ON A FARM?
Crownsville State Hospital	1029 N. Dallas Street	YES NO
NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
(Type or print) Robert C.	Reed DEATH 8	1 19 61
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 1888 9. AGE (In yeers IF UNDER	YEAR IF UNDER 24 HRS.
	March 21, 19867 /75? (3s. Months	Deys Hours Min.
NALE Negro WIDOWED DIVORCED Na. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IND		IZEN OF WHAT COUNTRY
one during most of working life, even if retired)		
Unknown		.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unknown	Unknown	
. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address	
Yes, no, or unkown (Ifyes give wer or detes of service) Unknown 215-09-3287	Hospital Records	
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).)	20002 402 20002 40	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Cardiac Arres		ONSET AND DEATH
IMMEDIATE CAUSE (e) CAPULAG APPEA	5 U	Sudden
DUE TO		
Conditions, if eny, which (b) Hypostatic Pr	neumonia	3 days
geve rise to immediate cause DUE TO		
(e), steting the underlying couse lest.		
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(e) 19. WAS AUTOPSY
Chronic Brain Syndrome Associated wi		PÉRFORMED?
		I II I NO 🔼
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH	CURED. (Enter neture of injury in Pert I or Pert II of item 1B.)	
	e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Co factory, street, office bldg., etc.)	unty) (Stete)
Hour e.m. 19 While Not While et work et work		
21. I certify that (I) (this hospital) attended the deceased fr	11/25 10 56 10 8/1 10	61 that (1) (wa) la
	that death occured at.7.1.pM, from the causes and on	
22e. SIGNATURE	ATTENDING MED STAFF	8/2/61 DATE
Mulling	M.D. PHYS. DIRECTOR PHYS.	8/2/61
22c. PHYSICIAN'S	22d. ADDRESS	Manual and
L. Benedict, M. D.	Crownsville State Hospital,	maryland
3e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	TERY OR CREMATORY 23d. LOCATION (City, fown or coun	ty) (State)
PROVAL (Specify) 9-5-11 Int Cal	VALUE OF A A COUNTY	To Ind
DUPIAL DUPITORIS SIGNATURE	250 DECID BY DECISTRAD 256 DECISTRADIC	SIGNATURE
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S	Crand
Walla, L. Ouchen 119/	(CAPOLINEATE	

Brus Format Tutto sycratical Sold to the second oromities upper to the T ollivnawow! Crownistic of the Houghtel Late of the Common Commo Robert C. Heed 710don March 23, 19869 757 E x order a' a enth at man Formation 215-19-2017 Hospital Hoodels AST ALC Justil calbred 3 6-83 My or atte Francisconia Caronic Brain Syndrone Associated with Cemeralined Arteryouolerosia 19 1/0 000 5-/11 101.15 Orownoville Otace Roopitel, Marylands .. Denedict, L. D. Burns & S. G. M. Calvery Com. A. A. coursy but meda to the men 1117 Million

FOR STATE

TO DER A MEDICAL EXAMINEER: This certificate should be executed within 24 hours after don't. If any to y is necessary, please execute the certificate, you githe word "pending" in pencil in Item 18. Give Pages 1, 2, and to the fune, I director. Page 4 should be forwarded to the chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

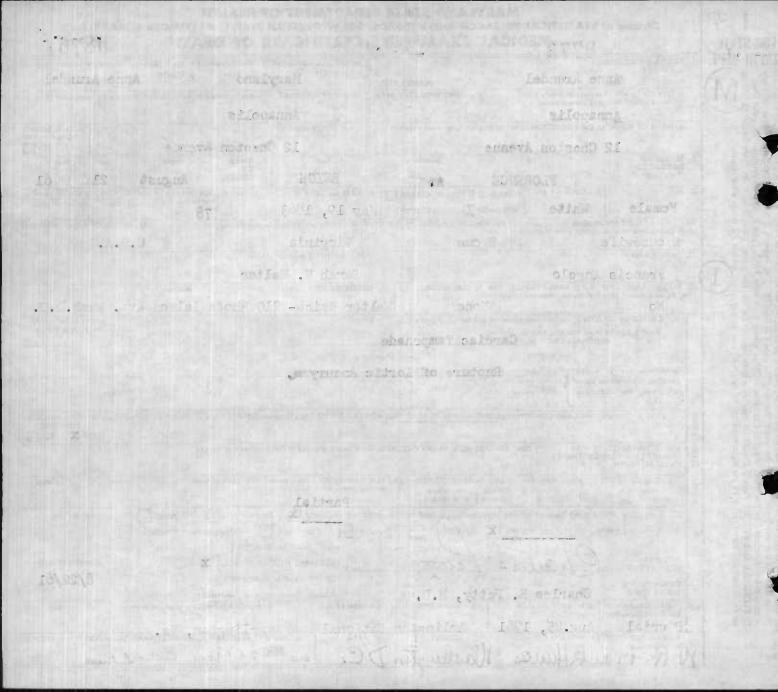
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of HERM, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	0443						4:	0 8 0 0
. PLACE OF DEATH				2. USUAL RESIDE	NCE (Where da		ITY .	
Ar	me Arundel		MARYLANI		ryland	b. COUN	Anne I	Arundel
b. CITY OR TOWN (f outside corporata lim	its,	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN	I (If outsida corpo	rate limits, write	e RURAL and give	nearest town)
	napolis			// Am	napolis			
d. NAME OF HOSPIT	AL OR INSTITUTION	(if not in hospit	al, giva street address}	d. STREET ADDRES				l e. IS RESIDER
				10	Charten	A		ON A FAR
NAME OF	Cheston A		Middle	Last	Cheston			YES NO
DECEASED (Type or print)	1113	lauru-	Middle		OF	Month		Year
		RENCE	Α.	REICH	DEATH	Aug		, .,
SEX		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)	Months Days	Hours Mi
Female	White	WIDOWED	DIVORCED [May 19, 1883		78 yrs.	Months Days	Hours Mil
B. USUAL OCCUPATION MOST of WO	ON (Give kind of working life, even if retire	k 10b. KINE	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sta	te or foreign cour	itry)	12. CITIZEN C	OF WHAT COUN
H ousewif		Но	me	Virginia			U.S.A.	
FATHER'S NAME				14. MOTHER'S MAIDE	NNAME			
Francis	Angelo			Sarah V. W	alter			
WAS DECEASED EVI	R IN U.S. ARMED FOI	RCES? 16, 50	CIAL SECURITY NO. 17	INFORMANT	ar ner	Address		
s, no, or unkown) (If	yes give war or dates of	service}			210 01-			T1 7 0
No	EATH [Enter only one			alter Reich-	ZIO Knoc	le Islar		The second second second
	WAS CAUSED BY	dada par mile	101 (0)1 (0)1 0110 (0)1]					TERVAL BETWEEN NSET AND DEATH
Conditions, if any gave rise to Immedia (a), steting the ur cause last.	ata causa			ic Aneurysm.				
PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIV		19. WAS AUTOP PERFORMED YES NO
20a. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		Ob. DESCRIBE	HOW INJURY OCCURED	. (Entar nature of Injury in P	art I or Pert II of i	fam 18.}		
20c. TIME OF INJU Hour a.m.	RY Month, Day, Ye	While at work		PLACE OF INJURY (Home, fa actory, street, office bldg., e		or town)	(County)	(State
21. I certify th	at I took charge o	of the remain	ns described above,	held an Autopsy X.	Inspection	Inquir	y D, and	in my opinio
death resulted for	rom: Natural ca	uses X.	Accident T. St	icide , Homicide	Und	etermined m		
	0 1			CHIEF MEDICA		111		
ACTUAL	(1)/00	, ,		A CCICT ANIT MA				ATE SIGNED
SIGNATURE	Chall	13.1	elty	M.D.	DICAL EXAMINE	` 📥		
EXAMINER'S	013	a	6-		AL EXAMINER			8/22/61
NAME (Type)	Charles	S. Pett	M.D.		, city, town, or co	ounty) ON (City, town	or countrie	/C+=+->
REMOVAL (Spacify)			.c. AAME OF CEMETERT	OR CREMATORT	22d, LOCAII	Ord (City, town	, or country)	(State)
B urial_		1961	Arlington	National	Arling	ton. Va	STRAR'S SIGNAT	
3. FUNERAL DIRECTOR	011.	110	ADDRESS	24a. R	EC'D BY REGISTA	AR 246. REG	STRAR'S SIGNAT	URE
11.17.7	3112 4111	Ds - 11	ashewston	D.C. DATE	AUG 2 4 '61	a	rilling S. the	and the same
	1110000	- 0	1					
			Q .					



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (18768

1. PLACE OF DEATH a, COUNTY		2. USUAL RESIDE	NCE (Where dec			nce before e	drossion)
Anne Arundel	MARYLAND	Maryland	1	b. cour	ltimore	City	
	LENGTH OF STAY IN 16	c. CITY OR TOWN					n)
	mos. 2 years days	Baltimon	re		31/01	4	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite		d. STREET ADDRES			V ·		SIDENCE
Communication Charles Vicentite		1129 Arg	gyle Aver	nue		YES	NO F
Crownsville State Hospita	Middle	Last	4. DATE	Monti	n Dey	1	
DECEASED (Type or print) Dalla		Parral	OF DEATH	0		10	63
		Revel		A GE (In years	IF UNDER 1 YEAR	19	
/ MARKIED			7.	last birthday)	Months Deys	Hours	Min.
Female Negro WIDOWED		1881		80 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or fo	oreign country)	12. CITIZEN	OF WHAT C	OUNTRY?
Housework		Unknown			U.S	S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME				
Unknown		Unknown	1				
	CIAL SECURITY NO. 17. 11			Address			
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	known H	ospital Red	nama				
18. CAUSE OF DEATH [Enter only one cause per line		ospital net	JOT GP		111	TERVAL BET	WEEN
PART I. DEATH WAS CAUSED BY:	Ammanh				0	NSET AND D	DEATH
	rdiao Arrest		-				
DUE TO		and the same of the same of					
Conditions, lif eny, which gave rise to immediate cause	lignancy of T	hyroid					
(a), stating the underlying DUE TO							
couse lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NO	RELATED TO THE TER!	MINAL DISEASE C	ONDITION GIV	EN IN PART 1(e)	19. WAS A	UTOPSY RMED?
Chronic Brain Syndrome Ass	ociated with	Cerebrai A	r terrosc.	Telosta		YES	NO K
OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURED.	(Enter neture of injury	in Pert I or Pert II	of item 18.)			
					CHALLO		
Hour a.m. While _	_Not While factor	CE OF INJURY (Home, fory, street, office bldg.,		or town)	(County)		(Stete)
	Bt work						
21. I certify that (I) (this hospital), attended					19.61		
saw the deceased alive of 8/9	19 61 and that	death occured at.	1:45 from	the causes	and on the	date stated	d above.
22e. SIGNATURE	1/2	ATTENIO		CZAFF		22b	DATE
MILLEUM	M.	D. PHYS.	MED. DIRECTOR	PHYS.		8/9	61
22c. PHYSICIAN'S		22d, ADDRESS		1,-0-			
NAME (Type) L. Benedict, 1	I. D.	Crown	sville S	State Ho	ospital,	Maryl	and
23e, BURIAL, CREMATION, 23b, DATE THEREOF 2	3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, 10	wn or county)) 1/SI	lete)
Removal 8-15-61	Lyroersete	10/1/16-	1500	lto.		11/6	C
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. I		0.6	GISTRAR'S SIGNA		
Mank eesett an	ng. 11/de	DATE	AUG 17'	61	arthur S. 1	Kraue.	

5.1 Ball Sugare Sity orrord Line officements. AMERIKA LENGTA CELL Commoville State Heapited Lavolt Fortulin affected for togoth arvon and of January na Longo hioryff downwytten singual such and design of the best tope it empress of the Crownville State Herrical, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1876)

	0 3 4 0					0 - 1.
1. PLACE OF DEATH	Н		2. USUAL RESIDENCE			dence before admission
Anne Aru	undel	MARYLAND	a. STATE Maryland	b. cot Ba	ltimore	City
b. CITY OR TOWN	(if outside corporate limits.	c. LENGTH OF STAY IN 16		outsida corporate limits, wr		
Crownsvi	d give neerest town)	1 mo. 15 days	Baltimor	•	3 V	01-4
	ITAL OR INSTITUTION (if not in h		d. STREET ADDRESS	6		e. IS RESIDENCE
Cnomari	ille State Hospi	+	1644 Dow	marrimondo A-		ON A FARM
NAME OF	First	Middle		nsylvania Av		Day Yeer
(Type or print)	Leroy	Earl	Savage	OF DEATH 8		22 19 61
5. SEX	6. COLOR OR RACE 7. MARK		DATE OF BIRTH	9. AGE (In yeer	rs IF UNDER 1 YE	
Male	Negro WIDOV			last birthday)		ys Hours Min.
Da. USUAL OCCUPAT	WIDOV	KIND OF BUSINESS OR INDUSTRY	ctober 20, 19	& Stete, or foreign country	1 12 CITIZE	N OF WHAT COUNTRY
dona during most of we	orking life, even if ratired)			a stole, or toleigh country		
COOK 3. FATHER'S NAME			Flori da 14. MOTHER'S MAIDEN NA	A AAG		J.S.A.
	ph Savage	DELTA TO SERVE	Alberta			
		COCIAL SECURITY NO. 1		Addre		
(Yes, no, or unkown) (If yes give were retes of service)	6. SOCIAL SECURITY NO. 17. II			55	
No		Unknown	Hospital R	ecords		
	DEATH [Enter only one cause per H WAS CAUSED 8Y:					ONSET AND DEATH
PAKI I. DEAI	IMMEDIATE CAUSE (e)	coronary Occlusion	on			Sudden
33	MY DUETO Chr	onic Brain Synd	rome Associat	ed with Gene	ralized	Since
Conditions, if any	y, which) (b) Cor	ebral Arteriosc	lerosis	od within dollo.	Larraga	7/7/61
geva rise to immed (a), stating the	liete ceuse					
cause last.) (c)					
PART II. OTHE		ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION G	IVEN IN PART 1	
Ž.						YES NO
PART II. OTHE		ESCRIBE HOW INJURY OCCURED.	(Enter netura of injury in Pe	rt I or Pert II of item 18.)	1000	
OR CONTRIBUTING	CAUSE OF DEATH					
20c. TIME OF INJU	JRY Month, Dey, Yeer 2Do	d. INJURY OCCURRED 2Da. PLAC	CE OF INJURY (Home, farm,	20f. (City or town)	(County	(State)
20c. TIME OF INJU	W4	when while tector	ory, street, office bldg., etc.)			
Print	12	rork at work	- /-	(2)		
		anded the deceased from				
saw the decea	sed alive on8/.22	1961, and that	death occured at 10;	from the causes	and on the	
22e. SIGNATURE	114.5.		ATTENDING ME			22b. DATE
	Nulle	M.	D. PHYS. DIR	RECTOR PHYS.		8/22/61 SIGNE
22c. PHYSICIAN'S NAME (Typa	1		22d. ADDRESS			
177 (1790	L. Benedict,	M. D.	Crowns	ville State	Hospital	l, Md.
3a. BURIAL, CREMAT		23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, I	own or county)	(Stete)
REMOVAL (Spacify	Lag. 26-19	16/ MT/when	m (Pan	Balti.	mar	gland
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	25e. REC'E	BY REGISTRAR 25b. R	EGISTRAR'S SIG	MATURE
5 11	Williame	519 hr a lo	1 CT DATESTIC	04'61	William & H	raud

or LUNE ALL DIRECTOR: 1. This certificate has been signed by the attending physician at pmplete. I led in by the funeral director, page 3 should be defacted for use as the burial-transit permit. Then please remove called in papers. Rages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician. the hospital or attending physician.
The hospital or attending physician at this certificate has been signed by the attending physician at this certificate has been signed by the attending physician at the property of the may be retained death 2 4 may be retain TO FUNE. AL DIRECTOR: VR A15 (4) 15M 9/60

Mark Stanitist all the same 14° 00 .0 .0 k I mo. 15 days rational eres of livered 1514 Connective description 22 I and an 70000 270 610. TOOL . CO Medocco 1 12005 Joneon Savage Bounded Laderica nyomani Chronic Brain Syndrome Annoglated with Jennyalized Coreard Arteribecieromie

all stables of the state of the

the said the comment of the terring to vertice profits a

8/22/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY b. COUNTY MARYLAND Columbia of b. CITY OR TOWN (if outside corporete limits, write RURAL and give negest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE Wyndale St., YES NO NO 3. NAME OF DECEASED (Type or print) DEATH 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER RACE 7. MARRIED X NEVER MARRIED a birthdey) Months 1893 June 10 WIDOWED DIVORCED [10b. KIND OF BUSINESS OR INDUSTRY (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) Sales Manager-Retired Machine Shop Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Frank John Seiler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Wife) Address (Yes, no, or unkown) | (Il yes give wer or detes of service) Same as Item #2 577-10-7862 Margaret 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO and rectom Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 16./..., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. .19.64 ..., and that death occurred at saw the deceased alive on., 220 SIGNATURE

please attending filed . di di 0 VR A15 (4) 15M 9/60

CERTIFICATION

funeral

the d 2

physician

and è .⊑

> 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Burla

> > ROBERT A. PUMPHREY

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

PHYS.

PERFORMED? NO -

(Stete)

DATE

SIGNED

ON A FARM?

19

24 FUNERAL DIRECTOR'S SIGNATURE

22c. PHYSIC

Bethesda, Md.

M.D.

ATTENDIN

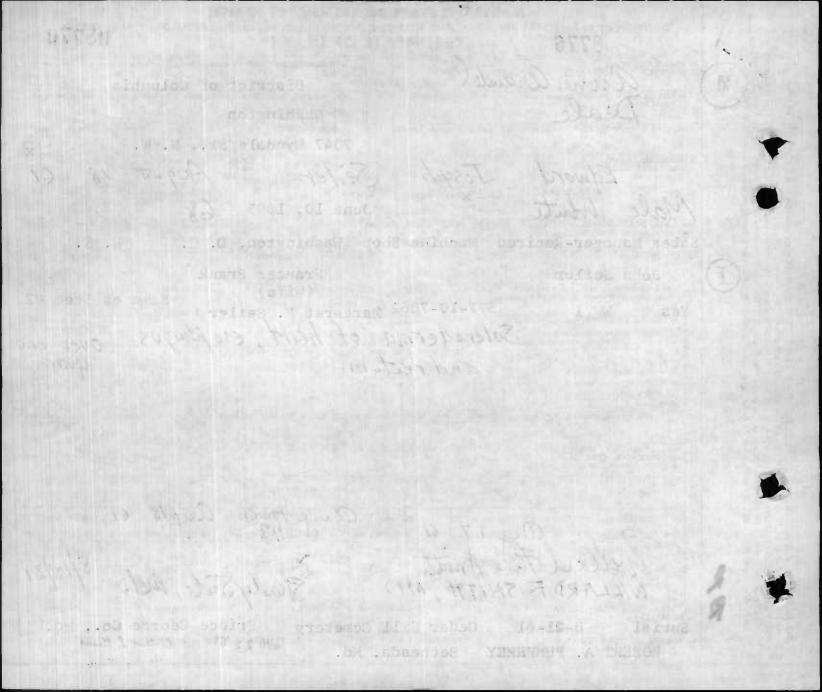
22d. ADDRES

PHYS.

250. RESTEBLE REGISTRAR'S SIGNATURE DATE

DIRECTOR

Prince George Co., Md.



13

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

8777

CERTIFICATE OF DEATH

() 8771

V	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If institution: Resid	ence before edmission)
Л	Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne	Arundel
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Annapolis	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Annapolis	ve nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Anne Arundel General Hospital	16 Maryland Ave.	YES NO X
ı	3. NAME OF DECEASED (Type or print) Norman	SMITH 4. DATE Month OF DEATH August	14 1961
ı		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	
ı	7.	Nov. 1. 1887 last birthday) Months Days	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEAL ESTATE 13. FATHER'S NAME C S 10b. KIND OF BUSINESS OR INDUSTING 10c. KI	RY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN	OF WHAT COUNTRY?
۱	DAMES J. UMITH	OLIVIA LUBBS	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgivewarordalesofservice)	us Trace & Beachler	(3)
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
١	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	u cell ca	ONSE! AND DEATH
	Conditions, if eny, which (b)	1 luna	6 mm
	gave rise to immediate cause (e), stating the underlying couse last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2DB. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO X
		D. (Enter nature of injury in Part I or Part II of item 18.)	
		ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
	21. I certify that (I) (NOKXDOXXXI) attended the deceased from.	apr_ 19 6/, to Aug. 14, 1961	, that (1) (06) last
		t death occured at	date stated above
	220. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED 8/15/61
	22c. PHYSICIAN'S NAME (Type) Frank M. Shipley	22d. ADDRESS 121 Cathedral St., Annapolis,	
	238, BURIAL, CREMATION, 23b. DATE THEREOF (23c. NAME OF CEMETERY BENOVAL (Specify) 8-17-1961 Helevest	Memorial Amapolis	(State)
	golin M. Tayler Grace Commap	oles Med 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN DATE OF 18 61	440
	V		

Tree -. or A boulge H of Letimo Sirano Labouro ental In the same of the Target Stand Stand 721 67 . 101 Marie State West Editor Daniel James & Smith Curis Areas - There are the second The first well made The second of the second second West to stop the season of the

TO HOSKUTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. A may be retained to the hospital or attending physician.

Yether than the second to the second to the second to the attending physician and properly and in by the funeral second to the s

5.

10e

13.

15. (Ye

MEDICAL CERTIFICATION

238

24

	of statistical		STATE DEP ND RECORDS, RTIFICATE			BALTIMORE	1, MARYL	AND 772
PLACE OF DEATH		It	em 7 Film	G293 8/21/ 2. USUAL RESIDEN	61 mh	and lived If inst	tution. Peridena	a before admission)
e. COUNTY				a. STATE	- (Willele Gece	b. COUNTY	iditoni kesidene	belove admission
Anne Aru			MARYLAND	Marylar		Wico		V
write RURAL end	if oulside corporate limit give neerest town)	2	th of stay in 1b 21 years 0s. 14 days	c. CITY OR TOWN		ata limits, wrile RC	IKAL end give n	serest town)
	TAL OR INSTITUTION (if not in hospital, give	street address)	d. STREET ADDRESS				. IS RESIDENCE
Crowneri	lle State	Tognital		Unknow	1 -	711	=	YES NO
NAME OF	First	nosbi car	Middle	Lost	4. DATE	Month	Day	Yeer
DECEASED (Type or print)	Mar	ni o		Smith	OF DEATH	8	16	19 61
SEX				DATE OF BIRTH				IF UNDER 24 HRS.
	0.0	7. MARRIED THEY	-MARRIED-	DATE OF BIRTH			onths Days	Hours Min.
Pemale	Negro		-DIVORCED-	1904		7 yrs.		
ne during most of wo	ION (Give kind of work orking life, even if retire	d) 106. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Cou	nty & Stete, or fo	reign country)	12. CITIZEN OF	WHAT COUNTRY?
Farmer				Marylar	d		U.S	.A.
FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
William	Wright			Alverta	William	ns		
WAS DECEASED EV	ER IN U.S. ARMED FOR		ECURITY NO. 17. IN	IFORMANT		Address		
o, no, or unkown) (I	fyesgive war or detes of s		nown E	lospital Rec	eords			
	EATH (Enter only one					-	LINTE	RVAL BETWEEN
	H WAS CAUSED BY:			200				SET AND DEATH
	IMMEDIATE CAUSE (a)	Circuia	tory Colla	pse				
107	DUE TO							
Conditions, if any	which) (b)	Hyposta	tic Pneumo	nia				
geva risa to immedi	OT THE TO							
(e), stating the use	nderlying							
	S SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVEN	IN PART 1(e) 15	. WAS AUTOPSY
								PERFORMED?
				onvulsive I		40.	Y	ES NO
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOV	W INJURY OCCURED.	(Entar nature of injury in	Part I or Pert II o	f item 18.)		
		L 204 INITURY OF	CURREN L 30- DI AC	E OF INHHIDY (Hame for	- 1 206 (City	us town)	(County)	(Stete)
Hour e.m.	JRY Month, Day, Ye	While Not V	Vhile factor	E OF INJURY (Homa, far ry, street, office bldg., et		or town)	(County)	(31616)
	b = 4 (1) (shi - Ab = = i)			12/2	10 39 10	8/16	1061 1	nat (I) (we) last
	hat (I) (this hospit	-1-1						
saw the deceas	sed alive of	8/16	Q.L., and that	death occured at.		the causes an	d on the da	
22e. SIGNATURE	Allen	with	N.M.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		8/16/61 DATE
22c. PHYSICIAN'S				22d. ADDRESS				
NAME (Type)	/ L.	Benedict,	M.D.	Crownsy	lle Stat	te Hospi	al, Mar	yland
. BURIAL, CREMATI	ION, 23b. DATE THE	20F , 23c. NA	ME OF CEMETERY O	R CRIMATORY		ION (City, Iown		(State)
REMOVAL (Specify)	7 8/18/	6/14	N Spar	Land.	BAT	timor	Inour	lund
FUNERAL DIRECTOR	R'S SIGNATURE	AC	DORESS	25e. RE	C'D BY REGISTR	AR 25b. REGIS	RAR'S SIGNAT	URE
1. 10.	NA TA	10 1 W 701	1 STG	- LA DATE	AUG 21 '6'	an	huy I Kra	u#

orself sfaces

Jiggett molicity

houseless average . To be

Circulatory College

Singretace of the second

IndignoL etado ⊕111vonmorio

oloui

The Court of the said of the said of the

nit fra

Besiler: mirevia

In the state of the constant of the state of the s

inpletely, ed in by the funeral papers. Pages 1 and 2 should hin 72 hours after death. TO HOSVEAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and pletely ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove calculates. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove calculate the state Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. 063

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1877)

PLACE OF DEATH						
e. COUNTY	2. USUAL RESIDEN	ICE (Where deci	b. COUN		ence before	dmission)
Anne Arundel MARYLAND	Mar	ryland	b. COON	Anne A	rundel	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN	· ·	ete limits, write	RURAL end giv	re neerest toy	yn)
Annapolis	10 Ann	napolis				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS					ESIDENCE A FARM?
Anne Arundel General Hospital	610	Sixth	St.			NO X
NAME OF ALSO (Lee Hampton PENCEN) Middle	Last	4. DATE OF	Month	De	y Yee	r
(Type or print) Hampton Lee	SPENCER	DEATH	Agust	, 2	9 19	61
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In yeers last birthday)	IF UNDER 1 YEA		R 24 HRS.
Male White WIDOWED DIVORCED	April 6. 19	-	46 yrs.	Months Deys	Hours	Min.
Do. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTION done during most of working life, even if retired)			reign country)	12. CITIZEN	OF WHAT	COUNTRY
Carpenter Bldg. Construction	on Pillask	I. Virgi	nie	USA		
3. FATHER'S NAME	14. MOTHER'S MAIDEN		1114	UDA		4
Lee H. Spencer	Josie	R Orian				
. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	D. OMOTI	Address			-
res, no, or unkown) (lfyesgivewerordelesofservice) no 214 05 0865 Mg	re Inoile F	Chance	LIA P.		- // 0	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	rs Lucile F.	phencer	- Wlie-	1	NTERVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY:	tremens			(ONSET AND	DEATH
IMMEDIATE CAUSE (a)	- remens				Ter	Vue!
DUE TO A -) . 1 9 .					
Conditions, if eny, which by geve rise to immediate cause	achian.					
(e), steting the underlying DUE TO	0 11					
ceuse lest. (c) Viv-evic	anolonen					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CO	DIDITION GIV	EN IN PART 1(e)	19. WAS A	AUTOPSY DRMED?
					YES [NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in	Pert I or Pert II o	of item 18.)			
(IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PL. While No! While feet work at work.	ACE OF INJURY (Home, far ctory, street, office bldg., et		or town)	(County)		(State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 20d. INJURY OCCURRED 2De. PL. While No! While et work et work	ctory, street, office bldg., et	c.)				
If EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2De. PL.	aug. 25.	1961, to	Aug. 29	19.61	, that (I)	(3/23) la
Continue of Injury Month, Dey, Year 20d. Injury Occurred 20e. PL.	Aug. 25.,,	1961, to	Aug. 29	19.61	, that (I)	(WW) la
20c. TIME OF INJURY Month, Dey, Year While Not While et work 21. I certify that (I) (XIXXXXXXXXI) attended the deceased from saw the deceased alive on Aug. 29, 19.61., and tha	Aug. 25.,,	1961, to	Aug. 29	19.61	, that (I)	(3/23) la:
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2De. PL.	Aug. 25.,, it death occured at	1961, toM, from 20 P.M. MED. DIRECTOR	Aug. 29 the causes STAFF PHYS.	,, 19.61 and on the	that (I) date state	(WW) la
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2De. PL.	ATTENDING PHYS. IN 22d. ADDRESS 121 Cath	1961, to 1961, to 1961, to 1961, to 20 P.M. MED. MED. DIRECTOR edral St	Aug. 29 the causes STAFF PHYS. Anna	2,, 19.61 and on the	that (I) date state	() (a) la d abov b. DATE SIONE
Coc. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2De. PL.	tiory, street, office bldg., et	1961, to 1961, to M, from 20 P.M. MED. DIRECTOR DIRECTOR 23d. LOCA	Aug. 29 the causes STAFF PHYS. Anna	and on the	that (I) date state	(Wa) la
Coc. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2De. PL.	ATTENDING PHYS. ADDRESS 121 Cath	1961, to M, from 20 P.M. MED. DIRECTOR edral St 23d. LOCA' Prince	Aug. 29 the causes STAFF PHYS. Anna HION (City, lov	and on the apolis, we or county)	that (I) date state Sign Md.	() (a) land abov
20c. TIME OF INJURY Month, Dey, Year Hour e.m., p.m. 19 et work of work of the deceased from saw the deceased alive on Aug. 29. 19.61, and the 22c. PHYSICIAN'S NAME (Type) 30. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	ATTENDING PHYS. ADDRESS 121 Cath	1961, to 1961, to M, from 20 P.M. MED. DIRECTOR DIRECTOR 23d. LOCA	Aug. 29 the causes STAFF PHYS. Anna IION (City, tov	and on the apolis, we or county)	that (I) date state S Md (S	() (a) la d abov b. DATE SIONE

while community

ved disale Die

Sealer and The Sealer Co.

NEU

Lattingal Littorial Lole His and .Est Les Santon;

more . h el

opti tuni (tuni

vercenter Ble. Condition alerki, in the

Josie B. Ouen

no 24 65 0 6 roller. nencer- if - s me as n

1 23 1 202 203 1 203 1 203

12 12 1.11. 1 102: 2 1 11

. 54 . S. Marante Marandau E.

burish . 31,1961 cort Lincoln Company Frince Core e Co. Mervine SETS OF COLUMN

How inc Pularyl Horac Armapolis, Mr.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RE 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Anne Arundel Maryland MARYLAND Anne-Arundel b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outs: a corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Crownsville 20 vrs. 8 days Dunkirk d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Crownsville State Hospital Unknown 3. NAME OF Middle DATE Month DECEASED OF DEATH (Type or print) Doris Idella Spriggs 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR last birthdey) Months DIVORCED Female WIDOWED June 5, 1931 Negro 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, aven if retirad) Unknown Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mardie Spriggs Rebeoca Rice 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [(If yes give wer or detes of service) Hospital Records 18. CAUSE OF DEATH [Enter only one ceuse per line lor (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Terminal Coronary Thrombosis IMMEDIATE CAUSE (e) DUF TO Kyphoscoliotic Heart Disease Conditions, if eny, which geve risa to immadiete cause DUF TO (a), steting the underlying Kyphoscoliosis associated with Congenital Cembral Disease -Yrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Chronic Brain Syndrome Associated with Congenital Anomaly 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Entar neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, larm, (County) factory, street, office bldg., etc.) While Not While 21. | certify that (I) (this hospital) attended the deceased from........ 19.61..., and that death occured a 1.45% from the causes and on the date stated above. saw the deceased aliver on......8/15 22a. SIGNATURE ATTENDING DIRECTOR THYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Crownsville State Hospital, Maryland L. Benedict. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. (BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

Frederick Madate 2 4 '61

e. IS RESIDENCE ON A FARM?

YES NO T

19 61

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

Years

X NO

PERFORMED?

(Stete)

22b. DATE

8/16/61 IGNEO

(State)

U.S.A.

Deys

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

4578m			A	
/ island emp	inalyzati		Jehman emu	
	days Dagicinic (08)	5 ,027 05	Olivemovi	
	and manufactures and	in term	Cromswille State II	
13 / 62 0	augulant	sifebi	itadi	
	70 29 1990		orisk elam	
	Parylon	বুলে তে তালে সম্ভে ক র্মে জন্ম	Unicrown	
	eoll zonedel		essing eipzel	
	singoen Letinuch	Monday	07	
2 Y	einonious van	ferminel coros		
52107	/ .0 mo the 37 of c	TAN BOLL OLD		
I John Moune - La	ating and with lossions a	niuoi loosodyja		
×	. The Company Inclination in the	w bot Ribots, sa	Chronic Stein Control	
		and the said hair him.		
15 61	02 02 , 02/F	One and one his stay burn and	Ton-406 year good 200	
	01.	19		
19/19/1	X / *			
Tentonia , function	Comsellid 8tase B	101, 11. 0.	DenoS .d	
	You			
#6t % #0.1%				

TO HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. For 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: If this certificate has been signed by the attending physician and impletely ed in by the funeral director, page 3 should be defaured for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be defaured for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be defaured for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		Ttem 1	4 Film 0295	2/14/67 1wh					-
1. PLACE O a. COUNT		100111	1 2 2 2 1 0 0 2))	2. USUAL RESIDENC a. STATE	E (Whare de	caasad livad, If b. COUN		enca bafore	admission)
Anne	Arundel		MARYLAND	Maryland			timore	lity	
b. CITY OF write R	R TOWN (if outside corporation of the corporation o	rate limits, own)	19 years 1 mo. 24 days	c. CITY OR TOWN (IF Baltimore	outsida corp				vn)
	OF HOSPITAL OR INSTITU	JTION (if not in hos		d. STREET ADDRESS					ESIDENCE
Crown	eville State			625 Archer	r Stree	et			A FARM?
3. NAME O		First	Middla	Last	4. DATE OF	Montl	n Da	у Үев	ar .
(Typa or p		Sarah	Louisa	Stewart	DEATH	8	9	19	61
5. SEX	6. COLOR O	R RACE 7. MARRIE	NEVER MARRIED 8.	DATE OF BIRTH	9.		IF UNDER 1 YEA	R IF UNDER	R 24 HRS.
Femal	e Negr	WIDOWE		ecember, 1874	4	last birthday) 86 yrs.	Months Days	Hours	Min.
10a. USUAL (OCCUPATION (Giva kind most of working life, even	of work 10b. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	y & State, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
	sewife	ii rainady		Maryland	3		U.	S.A.	
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N		7			
1	William Rall	еу		Harriette	e Crom	well			
	EASED EVER IN U.S. ARM		SOCIAL SECURITY NO. 17. 1	NFORMANT		Address	1		
Unkno	nkown) (Ifyesgivawaroro		nknown	Hospital Rec	corde				
	JSE OF DEATH (Enter o			mostral rec	001 da		11	NTERVAL BE	TWEEN
	RT I. DEATH WAS CAUSE	D BY:		Log				DNSET AND	
1	IMMEDIATE CA	USE (a) GRI	agrene of Left	neg					
7	501	DUE TO							
	s, if any, which	(b) Ger	neralized Arter	iosclerosis					
	to immadiata ceusa	DUE TO							
causa lasi		(c)							
Z PART	II. OTHER SIGNIFICANT	1-1	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS /	AUTOPSY
5								YES T	ORMED?
20a. ACC OR CONT	IDENT WAS UNDERLYIN	G 🗌 20b. DES	CRIBE HOW INJURY OCCURED.	(Enter netura of injury in P	Part I or Part II	of itam 18.)		11.3	NO E
	RIBUTING CAUSE OF A NOTIFY MEDICAL EXA								
0				CE OF INJURY (Home, farm, ory, street, offica bldg., atc.)		or town)	(County)		(State)
WED WED	ur a.m.	19 at worl							
21 1 66		hospital) attend	ded the deceased from	6/28 /40 M	10 to.	8/9	1961	that (I)	(we) last
	deceased alive on	- 1-							
22a. SIG) 7	death occured at7.	79, 11011	1110 000000	and on mo	221	b. DATE
220. 310	1.111	illex	1	DUNG D	ED.	STAFF PHYS.		9/	SIGNED
22c. PHY	SICIANIS WILL	men.	, w.	22d. ADDRESS	IKECTOR [2	g rais.		0/	10/01
	ME (Type)	. Benedic	+ W T		0 0404	to Woond	tol Mar	mal and	
- BUBLAT				Crownsvill					
REMOVAL	(Spacify) 8/	14/6/	23c. NAME OF CEMETERY	urn_	130.	STAN	wn or county)	ma	State)
24 FUNERAL	DIRECTOR'S SIGNATURE	100 0	ADDRESS Barres	DATE	OGY SEGIS		GISTRAR'S SIGN	ATURE	
114	1.10 3 // 14	0	01 100000	INVIE				-	

Ball timore Dily

folianies gnes aved 45 .om 4

See Aronor Street Cross state office House

Venet single December, 1874

Militem Bellay Regriette Color

> Unicoen fast cooperate measures Fig. C.

> > CHARGE OF LOTE LOS

Statute of an interest and contract

0 - 0 - 35 3

in Francisco, is in the market of its annual and its interest and

auto I House

19/10/61

			81918	
			rælla en	
	, in the Country		• or	to the
	4			
	r remarks		410	e Co.
20	an East	if and fin		. +-
	n on n		n (
	artes in other	r 7 7 7 0 1	0	0

VR A15 (4) 15M 9/60

		عاد و و الأصناء الأصاب		
MARYLAND	STATE	DEPARTMENT	OF	HEALTH

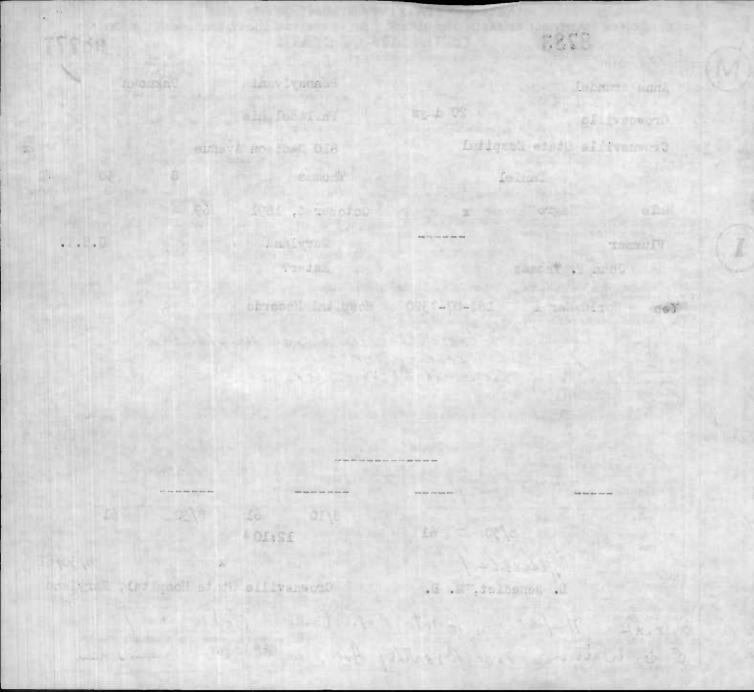
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(18777

e. COUNTY	TH		e. STATE		b. CQUNTY		ce before admission)
Anne Ar	undel	MARYLAND	Pennsylva		Unkn	-	
write RURAL e	(if outside corporete limits, nd give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corpoget	e limits, write RU	KAL end give	neerest town;
Crowns	rille	20 days	Philadelp	hia	75	x. 3	
d. NAME OF HOS	PITAL OR INSTITUTION (if not in I	hospital, give street eddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Crownsv	rille State Hosp	ital	810 Madis	on Avent	10		YES NO T
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Dey	Yeer
(Type or print)	Daniel		Thomas	DEATH	8	30	19 61
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED N B	DATE OF BIRTH		GE (In yeers IF L	JNDER 1 YEAR	IF UNDER 24 HRS.
Male	2.7		October 4, 18		59 yrs.	onths Deys	Hours Min.
		. KIND OF BUSINESS OR INDUSTR			ign country)	12. CITIZEN C	F WHAT COUNTRY?
Plumme	working life, even if rettred)		Maryland			U.	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N				
J	ohn F. Thomas		Ester?				
15. WAS DECEASED	EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
(Yes no. or unkown)	(If yes give we ror detes of service)		lospital Reco:	rdo	Third		
	Orld War I DEATH [Enter only one couse po		tospital neco.	Lus	-	1 100	TERVAL BETWEEN
The state of the s			1 0 11	11	/ A ·	101	ISET AND DEATH
1111	IMMEDIATE CAUSE (e)	rterioscloro	Tre Cardio	19201	ar Dist	od Se	
ナナ	DUE TO C	Hypertentia	n				
Conditions, if e		eneral Arte					
geve rise to imme	ediete ceuse	ene of mice	1101 4 44 1011	3			
(e), steting the	underlying						
	HER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CO	NDITION GIVEN	IN PART 1(e) 1	9. WAS AUTOPSY
01							PERFORMED?
D ACCIDENT	WAS UNDERLYING 20b. D	DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in P	art I or Part II of	itom 18)		IIS [] NO []
OR CONTRIBUTION	IG CAUSE OF DEATH	DESCRIBE NOW INJURY OCCURED	. (Enter herdre of injury in)	611 1 01 1 611 11 01	10.7		
	FY MEDICAL EXAMINER)						(6)
2Dc. TIME OF IN			CE OF INJURY (Home, farm ory, street, office bldg., etc.)		town)	(County)	(State)
p.m	of to	work et work					
21. I certify	that (I) (this hospital) atte	ended the deceased from	8/10,	961., to	8/30	, 19.61, 1	hat (I) (we) last
	eased alive on / 8/3		•				
				11135			ate stated above.
1 22a. SIGNATUR	0.41	O J.O.L, and mar	121.				22h DATE
22e. SIGNATUR	0.41	1 1	ATTENDING M	ED.	STAFF PHYS.		22h DATE
	Alliest	1 1	ATTENDING M	ED.	STAFF PHYS.		22h DATE
22c. PHYSICIAN NAME (Ty	's Alleest	1 1	.D. ATTENDING M	ED. RECTOR	PHYS.		8/30/61 DATE SIGNED
22c. PHYSICIAN NAME (Tyr	Justine In Benedic	et, M. D.	ATTENDING MAYES. D	RECTOR X	PHYS. Ce Hospi	tal, Ma	22b. DATE 8/30/61 ryland
22c. PHYSICIAN NAME (Tyr 23e. BURIAL, CREMA REMOVAL \Speci	S L. Benedic	let M	ATTENDING MATTENDING DE CREMATORY	lle Stat	PHYS. Ce Hospi ON (City, town,	tal, Ma	8/30/61 DATE SIGNED
22c. PHYSICIAN NAME (Tyl	S L. Benedic	ot, N. D. 23c. NAME OF CEMETERY BALTO NA	ATTENDING MPHYS. D 22d. ADDRESS Crownsvi OR CREMATORY T. CREMATORY	RECTOR DE lle Stat	PHYS. Ce Hospi ON (City, town, c	tal, Ma	22b. DATE SATE 8/30/61 ryland (Stete)
22c. PHYSICIAN NAME (Tyr 23e. BURIAL, CREMA REMOVAL \Speci	S L. Benedic	et, M. D.	ATTENDING MATTENDING MATTENDING DE CREMATORY 22d. ADDRESS CROWNSVI OR CREMATORY 25e. REC	lle Stat	PHYS. Se Hospi ON (City, town, of the city of the city) R 25b. REGIST	tal, Ma	22b. DATE SIGNED 8/30/61 ryland (Stete)
22c. PHYSICIAN NAME (Tyl 23e. BURIAL, CREMA REMOVAL (Speci	The Benedic ATION, 23b. DATE THEREOF CY 2 G / OR'S SIGNATURE	ot, N. D. 23c. NAME OF CEMETERY BALTO NA	ATTENDING MPHYS. D 22d. ADDRESS Crownsvi OR CREMATORY T. CREMATORY	RECTOR DE 11e Stat	PHYS. Se Hospi ON (City, town, of the city of the city) R 25b. REGIST	tal, Ma	22b. DATE 8/30/61 ryland (Siele)

of my



1		MARYLAN	ND STATE DEPARTM			E, 18	
		8784		ATE OF DEAT		Reg. Dist. N	.08778
)[PLACE OF DEATH	Anne Arundel	County MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If in b. COL	stitution: Residence bel	fore admission). George's (
	b. CITY OR TOWN (If outside carporate limits, wi	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, w	rite RURAL ond give n	earest town)
		Jessup	5 mo. 4 day:	d. STREET ADDRESS	rlboro Mar	yland	1600
)	or institution Maryland	TAL (If not in hospital, give st House of Col	rrection Hospita	d. STREET ADDRESS	wns Station	Road	e. IS RESIDENCE ON A FARM? YES NO
3	. NAME OF DECEASED (Type or print)	First John	Middle Arthur	Thomas	4. DATE OF DEATH A		2 19 61
5	Male	No man	Maritinad	8. DATE OF BIRTH November 2,	1910 9. AGE (In) lost birthe 50	yeors IF UNDER 1 YEA day) Months Days	AR IF UNDER 24 HRS. Hours Min.
1	Oa. USUAL OCCUPATION during most of wor Carpen	king life, even if retired)	10b. KIND OF BUSINESS OR INDU	10			OF WHAT COUNTRY
1	3. FATHER'S NAME		Part of the same	14. MOTHER'S MAIDEN	NAME		
-		E. Thomas		Lydia	Queen		
Ľ	Yes, no. or unknown) Yes	FR IN U. S. ARMED FORCES? (If yes, give wor or defea of service) 1942-1947		NFORMANT aryland Hous	se of Corre	Address ction, Jes	ssup, Md.
I		ATH (Enter only one cause p ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).	of Impare	teor	IN 10	TERVAL BETWEEN
	Candilians, if a	DUE TO	Chronary	Thromps	2-5		22 days
	couse (o), sloting lying cause lost.		arterio Isle	the Caron	o Breula 1	1, seen	
O La Company	PART II. OT		ONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM	NINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
		AS UNDERLYING COS. CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I ar Port II af item 19	3.1	
10000	Haur a. s., p. m.	W W	Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fart ctory, street, affice bldg., etc	m, 20f. (City or town)	(Count	y) (Slole)
ı	21. I certify th	nat I attended the dec	ceased from 1-21	, 1961, to_	8-12, 19	61, that I last	saw the decease
ı	alive on	8-11	12, and that death	occurred at	1_M. from the caus		
	ACTUAL SIGNATURE	Lorecu 4	ours	M.D. RFD #1	ADDRESS (Street, city or to Jessup, Mar	lown, state) ryland	DATE SIGNED
	PHYSICIAN'S NAME (Type)J	ose M. Yosui	co, M.D.		70		
2	20. BURIAL, CREMATIC REMOVAL (Specify BUT18.1	8-16-61	22c. NAME OF CEMETERY O	r CREMATORY ational	22d. LOCATION (City, Id Arlington	•	(Slate) V.a. e
3	FUNERAL DIRECTOR	Sollins	ADDRESS Wash. 4339 Hunt Pl.	/	G 1 6 '61	REGISTRAR'S SIGNATI	

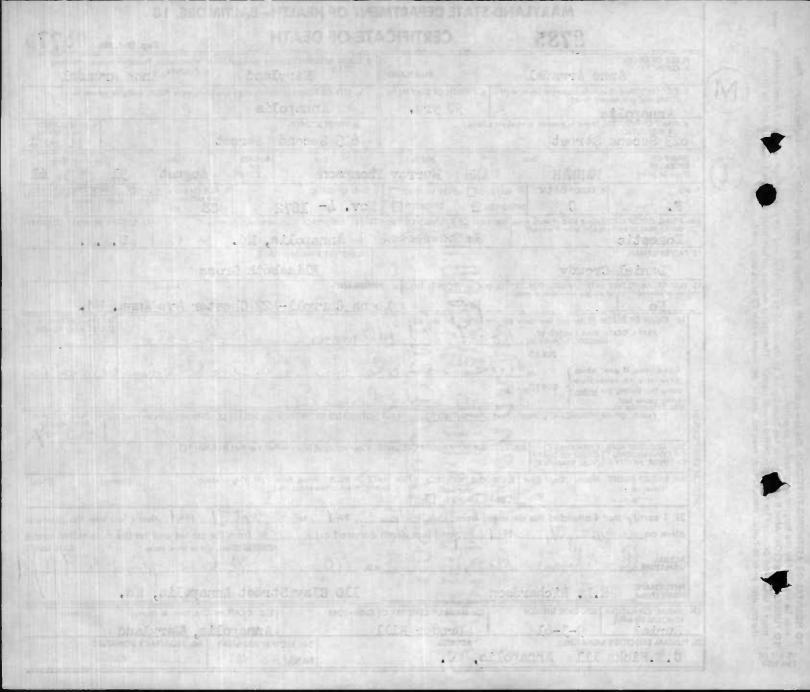
HARD TO STADENISED	
THE PARTY OF THE P	
The state of the s	
	e
and the second s	

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18

8785 CERTIFICATE OF DEATH

Reg. Dist. No. (18779)

1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis				
d. NAME OF HOSPITAL (If not in hospitol, give street or institution 623 Second Street	oddress)	d. STREET ADDRESS 623 Second Street 623 No Street 623 Second Street				
3. NAME OF First DECEASED (Type or print) HANNA H	ANN Murray	Thompson 4. Date Month Day Yeor OF DEATH August 31 19 61				
F. C WIDOW		B. DATE OF BIRTH Nov. 4- 1872 9. AGE (In yeors lost birthday) 88 yrs. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	KIND OF BUSINESS OR INDU					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Daniel Crowdy		Elizabeth Gross				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) 1 (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT Address				
No	NONE L	eona Carroll-422 Chester Ave Anna, Md.				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if any, which gove rise to immediate couse (o), stoting the under- lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS	len plant	Defendants Condis Benedits See Burney Inot related to the Terminal Disease Condition given in Part 1(9) 19. Was AUTOPSY				
200. ACCIDENT WAS UNDERLYING 20b. DES		D. (Enter nature of injury in Part I or Part II of item 18.)				
	Not while tac	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f. (City or town) (County) (Stale)				
21. I certify that I attended the decearative on August 31. , 19. ACTUAL SIGNATURE		occurred of 11000, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE/SIGNED M.D. ((8)				
PHYSICIAN'S R.L. Richardso	n	110 Clay Street Annapolis, Md.				
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 9-3-61	22c. NAME OF CEMETERY OF REWER Hil	Annapolis, Maryland				
C.E.Hicks 111 Annarol	ADDRESS is, Md.	DATE EP 6 '61 Circhen & Fines				



18-21 Film 296 MARYLAND STATE DEPARTMENT OF HEALTH 26-61 ams Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS AND R 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY Page e. STATE b. COUNTY Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) director. write RURAL end give naerest town) or your Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 9 Oak Court Anne Arundel General Hospital YES NO State NAME OF 4. DATE Middle Month Yeer DECEASED OF THOMPSON LEROY C. August 1961 (Type or print) DEATH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH st birthdey) 2 wit 5 may d 2 wi hours Months an Male WIDOWED DIVORCED certificate should be executed within 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page during most of working life, even if setjred) in pencil in Item 18, Give Pages Office along with form PM3. Pagential-fransit permit. File pages 1 pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOMPSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Office along with burial-transit permi Men 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Electrocution IMMEDIATE CAUSE (e) s a burial-f DUE TO Conditions, if eny, which geve rise to immadiata ceusa pending DUE TO (a), steting the underlying Examiner' Se 0 cause lest. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION A: This ce. Chief Medical PERFORMED? YES DO NO F 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) of forwarded to the Chief meural of the DIRECTOR: Page 3 should burial, c PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Working with defective lamp cord and electric tools damp crawl space beneath his house MEDICAL | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, : 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year (County) (State) fectory, street, office bldg., etc.) While Not While et work et work Md Anne Arundel 21. I certify that I took charge of the remains described above, held an Autopsy | x. Inspection Inquiry and in my opinion Homicide Undetermined manner death resulted from: Accident Suicide Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER 8/16/61 EXAMINER'S Howard Shaub, M.D. DEP NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 40 9 mucce 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME

Labour ent. And Arthol Carrest Labraia emak digun 1 1 Basters .0 Donas FLENORS IN COMPANY OF THE PARK State with the same a series of the state of Feward Showb, Math. John M. Jake, End Germage a Ville and MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

5 yrs.

PERFORMED? YES NO NO

(State)

DATE SIGNED

(State)

ZI. 1961

ON A FARM? YES NO

after death. 15M 10/57

THE STATE OF THE S Batter of the second second of the second of

lled in by the funeral within 24 hours after TO HOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with death. At 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR:

S TO FUN

	MARYLAND ST	TATE DEPARTMENT	OF HEALTH	
DIVISION OF STATIST	CERTI	RECORDS, 301 W. PRES	TON STREET, BA	LTIMORE 1, MARYLAND (1878)

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. STATE b. COUNTY
Anne Arundel MARYLAND	Maryland Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Annapolis	RURAL = Pasadena
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	Ritchie Howy, & Hamburg St. YES NO T
Anne Arundel General Hospital 3. NAME OF First Middle	Ritchie Hgwy. & Hamburg St. YES NO X
DECEASED	OF
(Type or print) Julia Jefferson	WALBECK DEATH August 28 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, lest birthdey) Months Days Hours Min
Female White WIDOWED DIVORCED J	June 23, 1896 65 yrs. Months Days Hours Min.
1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, aven if retired)	er Maryland Sandy Hook U.S.
Retired Secretary State Cmptroll	er Maryland Sandy Hook U.S.
John Ashby Jefferson	Addie Blank
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyesgive wer or datas of service)	NFORMANT 916 Effendale Drive
No Ha:	rry Mueller O Towson 4. Md.
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	rry Mueller Towson 4, Md. INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	2 Larelion
43	O'
DUE TO DUE TO	. Di Cili desento
Conditions, if any, which gava rise to immediata cause	sock c. r a god
(a), steting the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
E CONTRACTOR CONTRACTO	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO ZDe. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	. (Enter natura of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH U(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 1 2Df. (City or town) (County) (State)
	ory, street, office bldg., atc.)
p.m. 19 et work at work	106
21. I certify that (I) (XXXXXXXXXIII) attended the deceased from	19 19 Aug. 27., 19.61 that (I) (NO) last
saw the deceased alive on Aug. 27. 19.61, and that	death occured at
22e, SIGNATURE	6:22 A.M
THE SAME	ATTENDING MED. STAFF PHYS. TO DIRECTOR PHYS.
22c, PHYSICIAN'S	22d. ADDRESS
MAAAF (France)	
Dr. Robert R. Hahn	Gov. Ritchie Hgwy., Severna Park, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 8/31/1961 Deer Creek	Chestnut Hill. Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	A DC DECID BY DECICTORD DECICTORD'S CICNIATION
Charles 6. Aut farrell will	ml DATE AUG 31'61 arthur S. Kroue
more c. Jung jurielleville	a so-

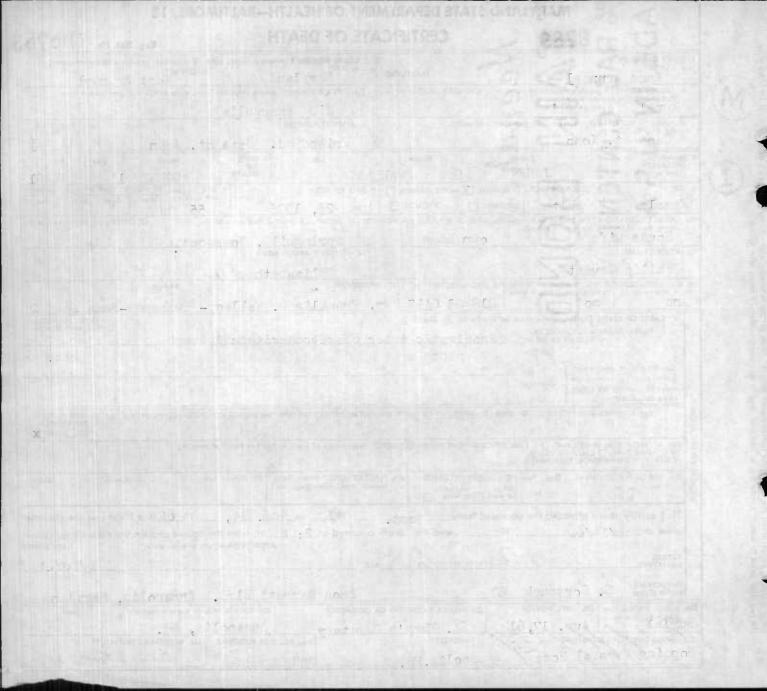
Beel Marie - California And the state of t TO THE REPORT OF THE PARTY OF T . Dil . 4 montan in rolling to the THE THE RESERVE OF THE PARTY OF In the second second Provided Anticonstitution of the Control of the Con there of serie facilities the start to the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8789 CERTIFICATE OF DEATH

Reg. Dist. No. 118783

o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W o. STATE Marylan	_ b.	COUNTY				
	OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RFD Annapolis						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cape St. John		d. STREET ADDRESS Friend Rd		John	e. IS RESIDEN ON A FARI YES NO	SW5		
3. NAME OF First DECEASED (Type or print) JANE G	Middle WALL	Lost	4. DATE OF DEATH	Month AUGUST	Day Yeor	61		
5. SEX 6. COLOR OR RACE 7. MARRIED NEV		B. DATE OF BIRTH	9. AGE	(In years IF UNDER	1 YEAR IF UNDER 24			
Female White WIDOWED	DIVORCED [Aug 25, 190	5 lost t	Months yrs.	Doys Hours N	Min.		
10a. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUduring most of working life, even if retired) House wife own ho			ar foreign country) 11. Novasc		IZEN OF WHAT COL	UNTRY		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		USA			
Philip Gaudet		Elizab	eth THI	BODEAC	,			
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, ar unknown) (If yes, give war or dates of service) 818 03		r. Franklin O		Address		4.0		
18, CAUSE OF DEATH [Enter only one cause per line for (o), (b) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), stoting the under-lying cause last. (c)	stic tumo	r of retrope	ritone21 1	ymph	INTERVAL BETWEE ONSET AND DEA	ATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERM O. (Enter noture of injury in			1 1(o) 19. WAS AUTO PERFORMED YES NO	D?		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU Hour o. m. 19 While Not what of work of work of work of work 19 of	nile faci	ACE OF INJURY IHome, forr tory, street, office bldg., etc	n, 20f. (City or town) (0	County) (S	Stole)		
21. I certify that I attended the deceased fram	nd that death		M, from the c	auses and an the or town, state)	ne date stated a DATE S	bave.		
Burial (Specify) Aug. 17,61 St.	Mary's C	R CREMATORY	22d. LOCATION (Cit	ly, lawn, or county)	(Stote)			
23 EUNERAL DIRECTOR'S SIGNATURE ADDRE Hopping Funeral Home Annapol:	SS	24a. REC		246. REGISTRAR'S SIG				



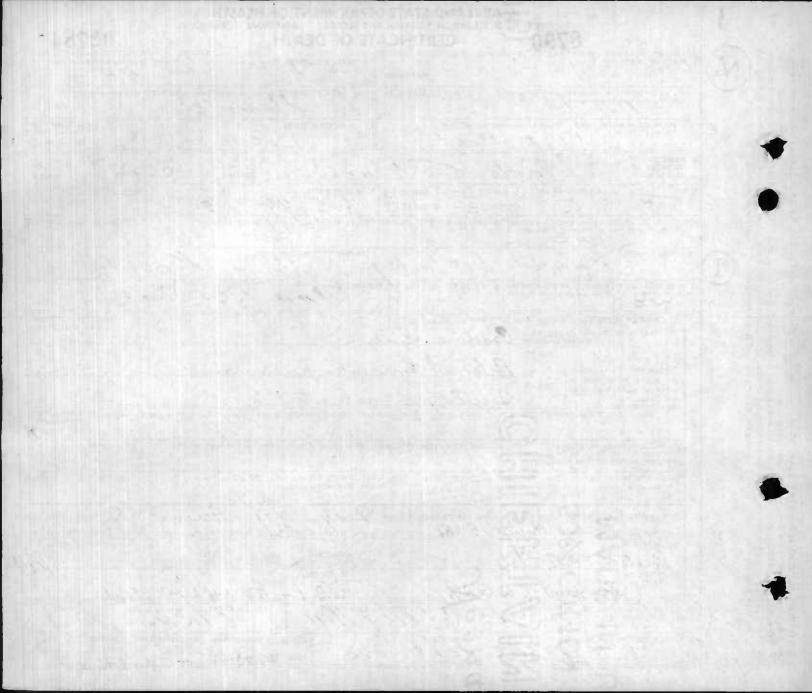
TO HOSPITAL TO FUNEKA

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

8790 CERTIF	FICATE OF DEATH	08784					
1. PLACE OF DEATH O. COUNTY A. A. MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Resid b. COUNTY	ence before admission)					
b. CITY OR TOWN (If outside corporate limits, write RURAL and observed town)	(IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and	d give nearest town)					
d. NAME OF HOSPITAL (HE not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO					
NAME OF DECEASED (Type or print)	Lost OF DEATH S - /	6 - 1961					
6. COLOR OR RACE 7. MARRIED NEVER MARRI WIDOWED DIVORCE	lost birthdoy) Manth	ER 1 YEAR IF UNDER 24 HR 5 Days Haurs Min.					
0a. USUAL OCCUPATION (Give kind of work dane during most of warking life, even it retired)	OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12.0	ITIZEN OF WHAT COUNTRY					
3. FATHER'S NAME	16 4 14. MOTHER'S MAIDEN NAME	desi					
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Yes, no, or unknown) (If yes, give wor or dates of service)	o. M. INFORMANT	€.					
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Reilen	INTERVAL BETWEEN ONSET AND DEATH					
Canditions, if ony, which gove rise to immediate couse (a), stating the under DUE TO							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [W]							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.)						
20c. TIME OF INJURY Manth, Doy, Year Hour a.m. 19 While Nat while of wark	20e. PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.)	(County) (Stat					
21. I certify that (I) (this haspital) attended the deceased fram Reacy 1961, to Aregust, 1961, that (I) (we) last saw the deceased alive an Aregust 161961, and that death accurred at 32M, fram the causes and an the date stated above.							
220. SIGNATURE PLEATING OF MED. STAFF SIGNED PHYS. PH							
22c. PHYSICIAN'S NAME (Type) Bentrand C. R. GAU	RFD 4- Amapolis 1	nd.					
23a. BURIAL PRMATION, 23b. DATE THEREOF 23c. NAME OF CEM	AFTERY OR CREMATORY 23d. LOCATION (City, town, account	1 166					
TONERAL DIRECTOR'S SIGNATURE -ADDRESS -ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S DATE AUG 2 1 '61						

Orthon & Know



FOR STATE

is necessary, is director. Page for your files.

State Board with the

TO DERY MEDICAL EXAL SER: This certificate should be executed within 24 hours after deplease execute the certificate, V. 19 the word "pending" in pencil in Item 18. Give Pages 1, 2, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 wing ris designated agent, prior to burial, cremation, or removal, and in any event within 72 hours and 1 stands a permit within 72 hours and 1 stands and 2 will be seen and 1 stands and 2 will be seen and 1 stands and 2 will be seen and 2 will be seen and 2 will be seen and 3 should be seen as a burial burial

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (18785)

PLACE OF DEAT COUNTY	'H			CE (Where deceased lived, If Institution: Re	sidance before edmission)			
	Arundel	MARYLAND	D.C.	b. COUNTY	/			
b. CITY OR TOWN	(if outside corporeta limits, d give neerest town)	c. LENGTH OF STAY IN 16		f outside corporate limits, write RURAL and	give neerest town)			
Linthicu	m	Few seconds	Washington	1				
d. NAME OF HOSP	ITAL OR INSTITUTION (if not in he	ospital, give Friedrichi	d. STREET ADDRESS	\$ 1,00	IS RESIDENCE ON A FARM?			
	Airlines, flight	t 808, Airport.	1819 G. Str	ceet, N.W.	YES NO X			
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year			
(Typa or print)	Ralph Wor		The Lynn C	DEATH August 25th	1961			
5. SEX	6. COLOR OR RACE 7. MARR	IED K NEVER MARRIED 8.	. DATE OF BIRTH	9. AGE (In years IF UNDER)	NDER 24 HRS.			
M.	Yellow WIDOW		10/22/92	68 yrs. Months	ys Hours Min.			
	TION (Giva kind of work orking life, even if ratired)	KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Siete	or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?			
C.I.A			San Francis	sico,Cal.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
LUNG	WONG	3		Lee				
15. WAS DECEASED E	VER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address				
(Tes, no, or unkown)	(If yas giva war or dates of service)	Wo.	llet found on	deceased.				
1 18. CAUSE OF	DEATH [Enter only one cause per		TTE O TOMIK O	i de cedeca ;	INTERVAL BETWEEN			
	TH WAS CALLEED BY				ONSET AND DEATH			
	IMMEDIATE CAUSE (6) UOT	gestive heart f	allure					
16	DUE TO							
Conditions, if en	y, which \ (b) Art	eriosclerotic	and hyperten	sive cardiovas cular				
gave rise to immed (a), stating the	diale cause			diaease				
cause last.	(c)							
PART II. OTHI		ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	PERFORMED?			
<u>5</u>					YES NO			
PART II. OTHI	ONTRIBUTING [RIBE HOW INJURY OCCURED. (E	inlar natura of injury In Parl	1 or Part II of Item 18.)				
20c. TIME OF INJ								
21. I certify	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry In							
death resulted	from: Natural causes	Accident . Suici	ide . Homicide	Undetermined manner				
	()1		CHIEF MEDICAL E	EXAMINER				
ACTUAL SIGNATURE	14/1.011/10	. [17.	M.D. ASSISTANT MEDI	ICAL EXAMINER				
	(name	. (.6.6.0)			DATE SIGNED			
PYRMINIER'S	(nanus s	7	DEPUTY MEDICAL					
EXAMINER'S NAME (Type)	Charles S. Pett	y d	DEPUTY MEDICAL	EXAMINER Sity, fown, or county) 8/26/63				
NAME (Type)	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	DEPUTY MEDICAL Address (Street, o	city, town, or county) 8/26/62 22d. LOCATION (City, town, or country)				
NAME (Type) 22a, BURIAL, CREMATI REMOVAL (Specif REMOVAL - BUEN	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	DEPUTY MEDICAL Address (Street, of	sity, town, or county) 8/26/62 22d. LOCATION (City, town, or country) SAN FRANCISCO	(State) CAliF.			
NAME (Type) 228. BURIAL, CREMATI REMOVAL (Specif REMOVAL - BURIAL 23. FUNERAL DIRECTO	ON, 22b. DATE THEREOF (1) 8/27/61 OR		DEPUTY MEDICAL Address (Street, of	Sity, town, or county) 8/26/6- 22d. LOCATION (City, town, or country) SAN FRANCISCO 'D BY REGISTRAR 24b. REGISTRAR'S SK	(State) CALIF			
NAME (Type) 228. BURIAL, CREMATI REMOVAL (Specif REMOVAL - BURIAL 23. FUNERAL DIRECTO	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	DEPUTY MEDICAL Address (Street, of	sity, town, or county) 8/26/62 22d. LOCATION (City, town, or country) SAN FRANCISCO	(State) CALIF			

about the way San Seingiaion, al. . Dette soen in temps delle. commendation or in the state of rate serolitra estara respendir a discretoro incor Simpley, Alice Little West Lawrence Lawrence

led in by the funeral within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hadeath. If 4 may be retained the hospital or attending physician.

TO FUNE, AL DIRECTOR: This certificate has been signed by the attending physician a mpletery filed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deap VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

		0/32		Item 6 Film	G2014	975/6	1 iwl			1878	
1.	PLACE OF DEATH							daceased lived, If	Institution: Raside	nca before	dmission)
	a. COUNTY	Anne Aruhde	el	MARYLAND	e. STA	Mar.	yland	b. COUN	Anne A	runde	
F		foutside corporete limits, give nearest town)		c. LENGTH OF STAY IN 16	c. CIT			rporata limits, write	RURAL and give	naarest tov	vn)
		pelis		2 days		RUR	AL - E	dgewater			
	d. NAME OF HOSPIT	AL OR INSTITUTION (if n	ot in hosp	pital, giva straat addrass)	d. STF	EET ADDRESS					A FARM?
		1 General He	spit	al		Rt-1,	Box-9				NO 🗔
3.	NAME OF DECEASED	First		Middle	L	ast	4. DATE	Month	De De	y Yea	r
	(Type or print)	Margaret			WRIG	нт	DEAT	H Augus	st 2	1, 19	61
5.	SEX		MARRIED	NEVER MARRIED 8	DATE OF		1	9. AGE (In years			
	Female		WIDOWED		July	27, 192	25	last birthday) 36 yrs.	Months Deys	Hours	Min.
		ON (Give kind of work rking life, even if retired)	1Db. KII	ND OF BUSINESS OR INDUSTR				or foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
	assembly	line	Ens	trument Co.		Marylan	nd		U	.S.	
13.	FATHER'S NAME				14. MOTH	ER'S MAIDEN	NAME				
		anklin Taylo				leanor	Irelar			4.16	
		R IN U.S. ARMED FORCE		SOCIAL SECURITY NO. 17.	INFORMA	TV		Address			
	10.0	ne		9/16 0255 Mrs	ा स	Toul	Me	ther. I	athian	Marvl	n m d
	18. CAUSE OF D	EATH [Enter only one ca	use per	pe for (e), (b), and (c).]	· U · L	· Tayıı	77.	, migr.	11	TERVAL BE	WEEN
	PART I, DEATH	WAS CAUSED BY:	//	11 /11 -	. 1	0 0	en	al	C	NSET AND	DEATH
	1	MMEDIATE CAUSE (e)		concr	any	~ ~		~			
	1/	DUE TO	10	2 1/2 1	10	01	/ /	1		2	0
	Conditions, il any	, which) (b)	Ce	cute Me	nal	U/	wh	aow	n	20	coys
	geve risa to immedia	DIJE TO	(-)	1			1	•		/C	4.00
	(e), steting the un ceusa last.	identiling	21	tage 10 -	essi	dem	word	Ceure	al Care	. 6	MOD
7		SIGNIFICANT CONDITION	NIS CON	TRIBUTING TO DEATH BUT NO	DELATED	TO THE TERMI	INIAL DICEAC	E CONDITION GIV	EN IN PART 1(a)	19. WAS	MANDESY
TION	PARI II. OTHER	SIGNIFICANT CONDITIO	NS CON	IKIBOTING TO DEATH BUT NO	JF KELATED	IO INE IEIONI	HAYE DISEAS	E CONDITION GIV	EN IN PART I(a)		RMED?
FIG	2Da. ACCIDENT WA	AC LINIDEDI VINIC [7] 2	DE DECC	CRIBE HOW INJURY OCCURED	/Enter anti-	of Indianalia	Part Las Part	11 of item 10)		153	140 154
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	DD. DE30	RIBE HOW INJOK! OCCURE	, (Emai naid	ie or injury in	Lett I Ot Lett	ii oi neiii is.,			
S	20c. TIME OF INJUI	RY Month, Dey, Yeer	2Dd. II			RY (Home, far		ity or town)	(County)		(State)
MEDICAL	Hour a.m.		While		lory, street, o	Ifice bldg., etc	c.)				
×	p.m.	19	et work	at work		• 5	/3	Λ ΟΙ	/3		
	21. I certify	nat (I) protectionspring!) attend	led the deceased from.	Apr	11,	19.01 10	. Aug. 2/	±, 19.0.1,	that (I)	(Way last
	saw the deceas	ed alive on AUA	24	19.6] and that	death od	cured at	M, fro	m the causes	and on the	date state	d above.
	220. SIGNATURE	1 100	-			4:03	PM			221	DATE
		VIA U		Thurst	ATTEN PHYS.	DING	MED. DIRECTOR	STAFF PHYS.			SIGNED
	22c. PHYSICIAN'S	11000	1	" (Cary) "	1. Life	ADDRESS					
	NAME (Type)	Ct W	11 .	11110			12 (1)	A	nea Ma		
				thilf, Jr.				., Annapo			
23	REMOVAL (Spacify)	ON, 236. DATE THEREC	OF	23c. NAME OF CEMETERY	OR CREMAT	ORY	23d. LO	CATION (City, to	wn or county)	(5	tete)
I	Burial	August 27	,61	Christ Episco	pal Ce	emet.	Ower	nsville,	Maryland	1	
24	PUNERAL DIRECTOR	S SUNATURE	/	ADDRESS			CHILLY MEGI	STRAR 256. RE	GISTRAR'S SIGN	ATURE	
E	Hopping	May They	ma	Annonalia Ma		DATE	THEFT IS A	01	arthur 8. 9	trans	
_	110 bb Tu	2 ministration	me	Annapolis, Md.		DAIL					

TOTAL - TOTAL CONTRACTOR OF THE PARTY OF THE the second of th J mar de l'inima and d Jul [01] Ou [219 16 (25 to . T. . T. 10 - obs. 10 in, ...) A COLOR OF THE SECOND the parties of the state of the A The series the series Comment was a series

10. P. P. Suil. 10 Co. Stray up.

Source M. Shelle and the contract of the contr

ro ingligatel anapolis, 11.

in f = 1, our to it to it of the will be to the first of the first of

DIVISION OF STATISTICAL RESEAR W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (While decassed lived, If Institution, Rasidanca before edmission PLACE OF DEATH a. COUNTY a. STATE b. COUNTY ANNE ARUNDE CITY OR TOWN (if outside corporate limits, the 1 MARYLAND c. LENGTH OF STAY IN 16 and deat c. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give nearest town) þ (5) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) ages e. IS RESIDENCE ed ON A FARM? YES NO L NAME OF Middle Day Yaar DECEASED OF DEATH (Type of Arily 19 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Days Months Hours Min. WIDOWED T DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) HOUSE WIF 13. FATHER'S NAME ease 14. MOTHER'S MAIDEN NAME been signed by the attending ā 15. WAS DECEASED EVER IN ILS ARMED FORCES? 6. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivawarordatesofservica) 439 SICHES INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one causa par line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY hospital PERFORMEDE as o use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] for OR CONTRIBUTING CAUSE OF DEATH Health 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Dey, Yaer factory, straet, offica bldg., atc.) Hour am Whila Not While at work at work (this hospital) attended the deceased from 22b. DATE SIGNATURE ATTENDING 1 SIGNED DIRECTOR PHYS. M.D. 22d PHYSICIAN'S ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) BURIAL, CREMATION, (State) REMOVAL (Spacify) 中岛 0 FUNERAL DIRECTOR'S SIGNATUR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 AUG 22 '61

RYLAND STATE DEPARTMENT OF HEALTH

ARE SHAW ASTER THE PRINCIPLE PRESENT STEEL WILLIAM STAMBLANDA STELLER (NICHES) SEVENDING ARREST EN ARREST 12 NHOTE - 3-5-1884 77 FOLAND STEERING 2510 350cH JOHN MIRETELINE THEOREKE JEHRANK JET S. CHESTER ... MARCH THE SERVICE STATE OF THE TAJAMESTA MARTIN E ESANOS TARMARISTANIA Sunder William File Morres St.